MINUTES OF THE CASWELL COUNTY BOARD OF HEALTH

The Caswell County Board of Health met at 7:00 P.M. on *November 25, 2014 in the Caswell County Health Department's downstairs meeting room in Yanceyville, North Carolina.

ATTENDANCE:

Position	Name	Present	Not Present
County Commissioner	Nate Hall	X	
Pharmacist	Andrew Foster, Pharm. D, R.Ph.	X	
Dentist	Rose Satterfield, DMD		X
Veterinarian	Christine Frenzel, DVM		X
Physician (Gen. Pub.)	Cecil Page	X	
Registered Nurse	Jennifer White, RN	X	
Engineer (Gen. Pub.)	Carla Lipscomb, RN	X	
Optometrist (Gen. Pub.)	Carl Carroll, RS, MBA	X	
General Public	Carol Komondy	X	
General Public	Elin Armeau-Claggett, PA-C, PhD	X	
General Public	Sharon Kupit		X

Others Present: Frederick Moore, MD – Health Director
Sharon Hendricks – Finance Officer
Jennifer Eastwood, MPH – QI Specialist

I. Call to Order

A. The November 25, 2014 meeting of the Caswell County Board of Health was called to order by the Chair at 7:00 P.M.

II. Public Comment

A. None

III. Action Items

A. Approval of Minutes

A motion was made by Cecil Page and seconded by Jennifer White to approve the minutes of the Board of Health for October 28, 2014. The motion was approved on a vote of 8 to 0.

B. Membership

1. Dr. Moore said that the Board of County Commissioners had appointed two new members of the Board of Health. This means that the Board of Health now has all slots filled, though some of the professional positions are filled with "General Public" members.
2. Jennifer White asked if she should be moved into the General Public Position and have Carla Lipscomb put in the RN Position due to Jennifer White no longer being an active nurse and had a Retired RN License. Dr. Moore said that he would look into getting that changed.
3. Dr. Moore said that he had spoken with the Clerk to the Board of County Commissioners and clarified the term dates for Carl Carroll. His current term will end 6/30/2015 not 12/1/2014.
4. Dr. Moore said that he had distributed "Confidentiality" and "Conflict of Interest" forms that Board of Health members needed to sign.
5. Board of Health Orientation - Dr. Moore reminded the board that there was a web based orientation that each member needed to complete once and, at the end of the training, there was a certificate that needed to be printed and turned in to him for accreditation purposes. The link to this training is: *http://sph.unc.edu/nciph/boh-train/*
6. Board of Health Continuing Training – Dr. Moore asked the board how they wanted to get their ongoing training. There were several options discussed:

a. In the past each Health Department Program Coordinator had given brief presentations about their program(s).

b. The NC Institute of Public Health would send someone here to provide legal training but it is a two hour presentation. This might be a good idea due to the newness of the board. This could be provided during a regular board meeting but keep the business part of the meeting very short.

c. Another option would be for the County Attorney to provide the training and this would satisfy several Accreditation components.

d. Nate Hall said that while the Board of County Commissioners had not officially discussed the issue, he has had several discussions about Health Department Consolidation and would be interested in hearing about that process. In addition, he would be interested in getting updates about where Public Health is going over the next ten years as well as general updates about other Public Health related topics. He recommended that the County Attorney be used for specific legal issues that may come before the Board of Health.

e. Dr. Moore asked if the consensus of the board was the following, and the board agreed:

1) Try to arrange for the NC IPH presentation at a regular board meeting, and

2) Have Health Department Program Coordinators provide brief program updates at each meeting.

C. Budget Amendment #4

1. This was a Budget Amendment the Board of County Commissioners have already approved that added county funds to our budget to cover the COLA the commissioners gave to employees. This is here for information purposes only and the Board of Health does not need to vote on this.

D. Budget Amendment #5

1. This amendment moves funds from one line to another to cover expenses and increases state funds by $3,241 (TB +$28; IMM +$3,213) for a total increase of $3,241. The TB funds will be used as directed in the other TB grants and the IMM funds are used to educate the public about some upcoming changes to the vaccination requirements for school children.

2. Based on higher than expected Private Insurance earnings and lower than expected Medicaid earnings, this amendment decreased the Medicaid revenue by $5,000 and increased the Private Insurance revenue by $5,000 in our Maternal Health program. There was no net change in the Maternal Health budget.

A motion was made by Carl Carroll and seconded by Cecil Page to approve Budget Amendment #5 as presented. The motion was approved on a vote of 8 to 0.

E. At the last Board of Health meeting the board had requested more information about the revenue and expenses of the Home Health and CAP programs. Dr. Moore reviewed this information with the board that had been included in the packet.

1. There was discussion about some of the foreseeable budget issues in these programs, such as running out of County Appropriation funds.

2. There was an explanation of what the CAP program is and what services it provides.

3. There was a question about why supply costs were high in a specific month that was answered by Dr. Moore and Sharon Hendricks.

4. There was a discussion about some of the changes that were taking place in our CAP supply business and the "outsourcing" to Carolina Apothecary.

5. Dr. Moore asked if this type of information was what the Board of Health wanted. The board seemed generally satisfied with this level of information.

6. Carl Carroll asked about why there was an earned revenue shortfall. Dr. Moore

said that CAP had been short staffed for a few months and there had also been some billing issues.

7. Nate Hall asked if the Health Department had a relationship with a company in the area that refurbished used equipment that could be used by other clients. Dr. Moore said that we did not and he wondered if there would be liability issues in that type of arrangement. Cecil Page wondered if the Williams Medical Equipment Company out of Gibsonville did this. Dr. Moore said he did not know.

F. Environmental Health Water Testing Fees

1. Dr. Moore presented a proposal for increasing water testing fees based on the price increase from the state. He reviewed the proposal that was presented in the packet.
2. The basis of the proposal was to have a flat visit charge of $45 and then a separate charge for each test which includes the testing cost, postage and handling.
3. Dr. Moore said that the Environmental Health has never broken even and the board should discuss whether that is a goal or not. In general the county contributes enough to the program to cover the cost of staff. All other costs are paid for by fees.
4. There was discussion about why the state prices went up and who typically ordered tests.
5. Nate Hall said that in his experience, water testing is a very important part of home ownership and should be done every few years.
6. Jennifer White said that in general she agreed with the "Visit Fee" concept.
7. Carl Carroll said that due to the importance of the "Total Coliform" test, he would be in favor of keeping that test price the same.
8. There was discussion about the importance of the water test being collected in a standardized manner; if not the test results cannot be counted on.
9. There was a general concern that some people could not afford the testing so would not get it done.

Motion: A motion was made by Carl Carroll and seconded by Cecil Page to approve the water testing fee increase as proposed except for the Total Coliform test which will stay at a flat $50 (without a visit charge). Discussion: Dr. Moore clarified that if the Total Coliform test was included in a bundled test (e.g. the Well Water Full Panel) there would not be a discount, and if the Total Coliform were one of several tests collected at the same time, it would still be $50 and there would be a visit charge due to the other tests being ordered. Vote: The motion was approved on a vote of 8 to 0.

10. Nate Hall commented that it might be worth having a discussion with DSS about possible resources to help people with water testing. Dr. Moore suggested that DSS may be willing to give the Board of Health a brief talk about this and other services that they provide.
11. Nate Hall asked if there was a need for the Board of Health to discuss and support a Minimal Housing Standard ordinance.
    a. Carl Carroll said that this type of ordinance was usually enforced by building inspections.
    b. Jennifer White said that she thought it is important to help protect residents.
    c. Carla Lipscomb raised the concern about where would people live if they had to move out of their home.
    d. Nate Hall said that there were some government funds available to help people fix their homes. Jennifer White also said that there were community groups that can help.
    e. Andrew Foster asked if the condition of a private home was really a Public Health issue.
    f. There was a general consensus that this was an important issue in

Caswell County. Dr. Moore commented that the board could invite Building Inspections and Section 8 Housing to the discussion.

IV. Informational Items

A. Dr. Moore pointed out a report in the packet that showed how the Caswell County Home Health Agency compared to other agencies on a patient survey. For the most part our agency compared favorably.

B. Dr. Moore reviewed the annual Home Health Cost Report with the board. A summary of this report is included in the packet.

1. This report for FY 2014 showed that our costs/service are higher than other agencies.
2. Dr. Moore said that due to the Home Health Agency's staffing issues our counts have been low and that in turn increased the cost per service. In addition our "LUPA" rates were also higher that other agencies in the state.
3. We are looking for ways to reduce the LUPA rate and this may include not admitting patients who need only B12 shots, occasional venipuncture, monthly psych meds, and medication box prefills. For some of the patients that are currently receiving these services, it is a convenience, not a necessity. We will need to evaluate each case individually to determine if there are non-Home Health alternatives for these people.
4. In general the goal is to get the Health Department out of services that are not required but cost us money.
5. Andrew Foster said that he was in favor of these cost cutting measures.
6. Nate Hall suggested that it might be helpful to invite the Adult Care Home owners to a meeting to discuss and inform them of these changes.

C. Dr. Moore said that there was going to be a reception for Kaye Cobb on 12/31/2014 to show appreciation for her 32 years of service to the Health Department. The board said that they would discuss it outside this meeting.

D. Dr. Moore pointed out the statistical reports that were included in the packet.

E. Dr. Moore gave an update on the status of Ebola in NC.

1. There was a meeting with EMS, EM, CFMC, Prospect Hill Clinic, PCC, School System and Duke. The discussion pointed out that the role of Caswell County in an Ebola case was to monitor asymptomatic people that were exposed and to immediately isolate symptomatic patients and call Duke to pick them up and transport them. In general the fewer the people that are exposed the better.
2. Dr. Moore pointed out some the difficulties surrounding the Ebola situation like getting protective equipment.
3. Elin Armeau-Claggett said that CFMC had a presentation on PPE and wondered why the clinical staff from the Health Department did not attend. Dr. Moore said that we did not yet have enough PPE to train with but when we did, we would have training at the Health Department.

V. Adjournment

A. The Chair adjourned the meeting without objection.

Approved By: _____ _____

Health Director Date

_____ _____

Board of Health Date

MINUTES OF THE CASWELL COUNTY BOARD OF HEALTH

The Caswell County Board of Health met for a special called meeting at 7:00 P.M. on December 18, 2014 in the Caswell County Health Department's downstairs meeting room in Yanceyville, North Carolina.

ATTENDANCE:

Position	Name	Present	Not Present
County Commissioner	Nate Hall	X	
Pharmacist	Andrew Foster, Pharm. D, R.Ph.	X	
Dentist	Rose Satterfield, DMD		X
Veterinarian	Christine Frenzel, DVM	X	
Physician (Gen. Pub.)	Cecil Page	X	
Registered Nurse	Jennifer White, RN		X
Engineer (Gen. Pub.)	Carla Lipscomb, RN		X
Optometrist (Gen. Pub.)	Carl Carroll, RS, MBA		X
General Public	Carol Komondy	X	
General Public	Elin Armeau-Claggett, PA-C, PhD	X	
General Public	Sharon Kupit	X	

Others Present: Frederick Moore, MD – Health Director
Bryan Miller – County Manager

I. Call to Order

A. The special meeting of the Caswell County Board of Health was called to order by the Chair at 7:00 P.M. on December 18, 2014. The purpose of the meeting was to discuss the possibility of hiring a full time Physical Therapist for the Home Health Agency.

II. Public Comment

A. None

III. Action Items

A. Physical Therapist Position

1. Dr. Moore reviewed the events that led to the calling of this special meeting. This information was included in the Board of Health packet. His comments included:
   a. The importance of Physical Therapy to the Home Health Agency for both the patient care it provides and the financial well being of the agency.
   b. The history over the last few years of gradually decreasing availability of contract Physical Therapy services. This had gotten to the point of us turning down referrals due to lack of Physical Therapy services
   c. The replacement of the the contract Physical Therapist with a part time Physical Therapist who, after a month, said that she would need to resign due to a conflict with her full time position.
   d. However, she said that if we wanted to hire her full time at $48/hr plus benefits, she would like to work for us.
   e. After looking at the costs and budget, Dr. Moore spoke with the County Manager and the Chair of the Board of Health. Both felt like hiring this Physical Therapist full time was a good idea. The funds would come from shifting money around in the Home Health budget and using funds from a vacant nursing director position.
   f. Dr. Moore offered the Physical Therapist the position and she accepted it, in effect going from a part time employee to a full time employee effective January 1st, 2015.
   g. The County Manager called Dr. Moore on Friday, 12/5/2014, saying that he was concerned that I had not followed the proper procedure for this hiring. He said he was going to talk to the County Attorney and the Chair of the Board of County Commissioners and would get back to Dr. Moore

the following week. The end result was that the County Manager said that the matter had to go before the Board of County Commissioners. Bryan Miller commented that the Chair of the Board of County Commissioners had suggested that Bryan present this to the Commissioners and that Dr. Moore did not need to attend the meeting.

h. The Board of County Commissioners met on 12/15/2014 and tabled the matter until the Board of Health had discussed it and sent a recommendation to the Board of County Commissioners. Comments were made at this meeting that Dr. Moore was again circumventing the normal process. Dr. Moore commented that he had followed the guidance of the County Manager.

i. Bryan Miller commented that his presence at this meeting of the Board of Health was not intended to influence the decision of the board but he felt that there was some misrepresentation of the events that occurred. He said that everyone one in the room knew that Dr. Moore did not report to the County Manager but to the Board of Health. He viewed his discussions with Dr. Moore as providing constructive criticism and guidance. He said that he had urged Dr. Moore to take the matter before the Board of Health but Dr. Moore said that there was not time to do this as the next regular meeting of the Board of Health was not until the end of January 2015. Dr. Moore had described this issue as "semi-urgent" and he needed to act quickly.

j. After finding out about this, Dr. Moore called the Chair of the Board of Health and it was decided to have a called meeting of the Board of Health to discuss this on 12/18/2014.

k. The notifications required by the Board of Health's Operating Procedures for a special meeting were then made.

2. Cecil Page commented that Physical Therapy was a very important part of the Home Health Agency. Bryan Miller said that he had discussed the importance of this position with Dr. Moore.

3. Sharon Kupit asked if the main issue was process rather than need for a Physical Therapist. Dr. Moore said that was a fair summary and he was now in a position of having offered a full time job to a Physical Therapist who had then turned in her resignation to her employer and now we were considering the possibility of withdrawing our offer of employment.

4. Nate Hall said that it was more than process, it also is a matter of continuity and fairness. He said that if this Physical Therapist is hired, they will be the highest paid person in county government and many constituents will have a hard time with that. He also said that if this position is as important as is claimed, the Board needs to be sure that the information presented supports the need for the Physical Therapist. He said that the funding for the Physical Therapist comes in part from not filling a nursing position, indicating that the nursing position was not needed. However, several years ago Dr. Moore had requested 3 or 4 nursing positions and the Board is not comfortable with this change.

5. Nate Hall asked if we could afford a Physical Therapist, and the numbers should be able to support it. He asked how much revenue the contract Physical Therapist brought in last year and how much revenue could be expected with a full time Physical Therapist going forward. He also said that the salary that was offered was close to the 90th percentile for a Physical Therapist and in his opinion, they were not going to approve that.

6. Several board members commented that they thought the salary was too high.

7. Nate Hall said that it was hard to fill many positions in the Caswell County government so we have to be careful when hiring. He said that the county payroll would need to increase a couple million dollars a year to bring its employees pay

up to the level of the surrounding counties. If one employee is given a high salary, everyone else will want a high salary.

8. Sharon Kupit asked if an employee could be paid a supervisors salary if they did not supervise. Dr. Moore said that this position would supervise one full time and one part time employee.
9. Cecil Page asked if he understood correctly that the budget would not have to be increased if this person were hired. Dr. Moore confirmed that.
10. Christine Frenzel asked Nate Hall what he would consider an acceptable salary. Nate Hall said that he was not sure but he felt what was offered was too much and it would cause problems with other county staff. He felt that a better approach would be to advertise for the position and see if we can fill the position as a level that is more in line with what we can pay in Caswell County.
11. Christing Frenzel asked if the salary was negotiated and Dr. Moore said that he offered her a salary that was $8000 less than she was currently making in Caswell County.
12. Elin Armeau-Claggett said that the price for working in Caswell County was that you made less money than you could make elsewhere. The reason people work in Caswell County is that they want to be a part of the community. She felt that the amount that was offered was high for Caswell County. It sounded to her that a deal was negotiated that was premature and the consequences may be a decrease in salary or she would need to decline the position.
13. Elin Armeau-Claggett said that she did not understand the urgency of calling a special meeting. Dr. Moore said that the urgency was that without action we would be without a Physical Therapist on January 1st . Without a Physical Therapist we would have to either use a staffing agency at a cost of 1.5 to 2 times what an employee makes or we would have to stop providing any Physical Therapy services. Dr. Moore said that he was in a position of needing to find a Physical Therapist in a few weeks when in the past he had looked for months without success. He said that in this situation he had one in hand that he did not want to lose. He said that he had been told by this board that I needed to act decisively to turn the Home Health Agency around. He said that he felt that if he was not able to provide Physical Therapy services the agency would be in very serious trouble. Dr. Moore said that from his perspective this was a "do or die" situation and he had become convinced that having a full time Physical Therapist could be a turning point in the viability of the agency. He said that when you look at the number of admissions we had turned down due to lack of Physical Therapy services, that lost income alone would pay for this position. Dr. Moore said that he was sorry that Caswell County had the attitude that we are poor and if you want to earn what you are worth, you need to go somewhere else.
14. Nate Hall told Dr. Moore not to "go there". He said that Caswell County did not have an attitude, but from his perspective the board needed to be consistent in the salaries it offered. Department cannot decide how much they pay employees just because they see it as urgent or needed. Dr. Moore said that if that were the case the Board of County Commissioners should take that authority out of the personnel manual. Nate Hall said that Dr. Moore did have that authority but he needed to do it through the Board of Health. He said that Dr. Moore had not yet sold the board on approving the salary and a year ago he had requested, through the Board of Health, that the Board of County Commissioners subsidies the Home Health program by close to $200,000 and now we were proposing to create a $100,000 position that was going to be added to the budget. He felt that Dr. Moore needed to think this through on a deeper level.
15. Sharon Kupit asked what legal right this Physical Therapist would have if the job offer were withdrawn. Dr. Moore said that he was not sure, but she may be able to receive unemployment benefits. Dr. Moore said that NC was an at will state

and at the Health Department, an employee can be dismissed for any reason during the first two years of employment. Based on this he did not think there was additional liability.

16. Elin Armeau-Claggett said that she had no doubt that a Physical Therapist would pay for her own salary.
17. Andrew Foster said that Dr. Moore had called him and discussed the importance of Physical Therapy to the Home Health Agency but salary was not discussed in detail. He said that his input was based on the need to offer Physical Therapy services. He said that he thought a Physical Therapist could make a lot more outside Caswell County. He said that he thought it should be up to the Board of County Commissioners to decide what salary should be offered. Nate Hall said that the Board of County Commissioners wanted to look at a strong recommendation from the Board of Health. He felt like there was a lot more to the issue than if the position could earn its salary.
18. Cecil Page said that if the position could pay for itself and the funds were in the budget, he was for it.
19. Andrew Foster asked what was going to happen with the nursing director position. Dr. Moore said that he was currently taking on those administrative duties and when one of the current nurses was promoted into that position, the cost would be several thousand dollars. Andrew Foster asked Nate Hall if the Board of Health needed to recommend both the position and the salary to the Board of County Commissioners or just the position.
20. Elin Armeau-Claggett asked how many patients a Physical Therapist saw in a day. Dr. Moore said that a standard productivity measure was five visits a day.
21. Cecil Page asked if the reimbursement rate for a Physical Therapist was higher than for nurses. Dr. Moore said that Physical Therapy could double the reimbursement rate.
22. Christine Frenzel asked if the board agreed that we needed the full time Physical Therapy position. Several board members stated their support for the position but not the salary that was offered. She then asked if the job at the Brian Center was comparable to the Home Health position. Dr. Moore said that the job of inpatient Physical Therapy was significantly different than Home Health Physical Therapy. However, he did not have a copy of the inpatient job description.
23. Nate Hall said that in order to have this approved by the Board of County Commissioners, every question needed to be answered. The Board of Health needed to convince the Board of County Commissioners that it had a valid plan and the details had been examined. He said that just because a position could pay for itself was not a justification. There are departments that do not earn any revenue but they needed to be treated fairly too. He said that the Health Department was not a "capitalist enclave".
24. There were several comments made about what a nice job it would be to make that kind of money and only see five patients a day.
25. Andrew Foster said that he thought the Board of Health was in agreement that the agency needed a Physical Therapist. Based on what was paid for a contract Physical Therapist, a staff Physical Therapist was cost effective.
26. Dr. Moore said that January 1st was a hard deadline. One way or another, the agency needed a Physical Therapist by that date. He anticipated that the current part time Physical Therapist would withdraw her acceptance if the salary were lowered.
27. Sharon Kupit said that people from outside the county were probably laughing at the salaries offered in Caswell County. Dr. Moore agreed. She said that this position was bringing her salary with her.
28. Nate Hall said that the Board of County Commissioners did not really discuss the issue so he was not sure what information they wanted. However, what he

suggested was that enough details be provided to convince the Board of County Commissioners.

29. There was a discussion about where the funds were going to come from and if there was enough money in the budget to cover the cost. Dr. Moore said that there was but Nate Hall said that it would require a Budget Amendment. Nate Hall also said that the position had not been established by the Board of County Commissioners so there were no budgeted funds to support it.
30. Nate Hall asked if the new position were established, could it be filled without advertising it in the community. Bryan Miller said that he had checked with State HR and confirmed that was true.

A motion was made by Elin Armeau-Claggett and seconded by Cecil Page to recommend to the Board of County Commissioners that a full time Physical Therapist position be established. The motion was approved by a vote of 7 to 0.

31. The Board of Health then discussed what kind of information Dr. Moore should present to the Board of County Commissioners. This included:
    a. How much it will cost to use contract staff.
    b. How this will work in the next fiscal year especially how it will pertain to the Nursing Director position.
    c. Show how the Physical Therapy position will help the viability of the agency.
    d. Projected income increase.
    e. Be concise and clear.
32. Dr. Moore said he was going to discuss this situation with the Physical Therapist tomorrow. If she declines the position then he said he would need to try to get a contract Physical Therapist so there would be no gap in services. Dr. Moore said that he felt that the future of the agency was in doubt if we lost Physical Therapy.
33. Sharon Kupit expressed concern that if Home Health was lost, that might lead to further cuts in the Health Department. Dr. Moore said that the Health Department would not go away as NC law required each county to have one. There may be cuts and changes but it would not go away.
34. Elin Armeau-Claggett suggested that the board try to be positive about the future for the sake of staff morale. Dr. Moore commented that when staff saw the posting of this meeting, the first question they asked was if Home Health was closing.
35. Andrew Foster asked Dr. Moore to send the presentation to the Board of Health members for their suggestions.

IV. Adjournment

A. The Chair adjourned the meeting without objection.

Approved By: _____ _____

Health Director Date

_____ _____

Board of Health Date

Health Director's Report – January 27, 2015

I. Board of Health Membership

A. All Board of Health members are required to complete the online Board of Health Orientation from UNC (Part 1: Introduction to Public Health in NC" and bring in their certificates. (Accreditation standards require that board members be "oriented" within 12 months of their appointment). This can be found at *http://sph.unc.edu/nciph/boh-train/*

B. Board of Health training by the NC Institute for Public Health is tentatively scheduled to provide board training at the regular June meeting.

II. Evaluation

A. A copy of the standard Health Director evaluation is included in the packet. The board needs to decide how they are going to handle the evaluation process this year.

III. Finance

A. Budget for next fiscal year
   1. The budget process for next fiscal year is beginning.
   2. The board needs to decide how they are going to be involved in the process this year.

B. Budget Amendment #6
   1. This amendment moves funds from one line to another to cover expenses and it increases state funds by $4,773 (WIC +$1,898; FP +$2,875) and increase the ADM by $2,977 to account for an unbudgeted refund check from the CTG program last fiscal year.

C. Budget Status
   1. We are now 50% of the way through the fiscal year and we are at approximately 45% of budget in both expenses and revenue.
   2. Also included in the packet is the more detailed report for the Home Health and CAP budgets.

D. Environmental Health Water Sample Fees
   1. The Board of County Commissioners approved the changes to the Environmental Health fees.

E. Home Health
   1. The Board of County Commissioners approve the full time Physical Therapist position with a salary of no more than $75,000. I have included a copy of the Board of County Commissioners minutes that pertain to this vote.
   2. We have been advertising for the position but have not yet received the first application.
   3. We are currently using a part time contract Physical Therapist for at most two days a week. We are currently trying to expand this to three days.

IV. Policies

A. Included in the packet are several policies for your review.

B. According to policy, these will not be voted on until the February meeting.

V. Informational

A. There are several other statistical and informational reports included in the packet.

B. I have included in the packe a copy of a thank you note from Kaye Cobb to the Board of Health.

CASWELL COUNTY HEALTH DEPARTMENT - FY 2014-2015

		Budget	Actual YTD	Balance	YTD = 50.00%	YTD Est Budg Variance
SALARY & BENEFITS SUB-TOTAL		**2,063,501.00**	**967,271.71**	**1,096,229.29**	**46.88%**	**64,478.79**
Board Expenses	120	0.00	0.00	0.00	0.00%	0.00
Salary	121	1,547,490.00	733,322.01	814,167.99	47.39%	40,422.99
Call	122	45,640.00	16,671.89	28,968.11	36.53%	6,148.11
Longevity	127	25,010.00	22,577.40	2,432.60	90.27%	2,432.60
SS / FICA	181	125,950.00	56,596.43	69,353.57	44.94%	6,378.57
Retirement	182	115,255.00	52,294.16	62,960.84	45.37%	5,333.34
Health Insurance	183	204,156.00	85,809.82	118,346.18	42.03%	16,268.18
OPERATIONAL SUB-TOTAL		**913,386.00**	**369,446.76**	**543,939.24**	**40.45%**	**87,246.24**
Contracted Services	199	424,598.00	169,308.13	255,289.87	39.87%	42,990.87
Food & Provisions	220	350.00	132.62	217.38	37.89%	42.38
Program Supplies	230	37,125.00	12,174.90	24,950.10	32.79%	6,387.60
Pharmaceuticals	238	48,240.00	13,499.36	34,740.64	27.98%	10,620.64
HH/CAP Med Supplies	239	192,808.00	90,507.12	102,300.88	46.94%	5,896.88
Office Supplies	260	9,220.00	7,542.69	1,677.31	81.81%	(2,932.69)
Small Tools & Equip.	295	14,743.00	7,067.39	7,675.61	47.94%	304.11
Mileage	311	104,694.00	36,898.28	67,795.72	35.24%	15,448.72
Travel Subsistence	312	5,088.00	1,171.64	3,916.36	23.03%	1,372.36
Telephone	321	10,099.00	4,640.85	5,458.15	45.95%	408.65
Postage	325	5,151.00	3,266.06	1,884.94	63.41%	(690.56)
Printing	340	3,098.00	2,208.46	889.54	71.29%	(659.46)
Maint & Repair	352	6,459.00	2,154.00	4,305.00	33.35%	1,075.50
Advertising	370	7,068.00	3,469.41	3,598.59	49.09%	64.59
Laundry	392	780.00	267.01	512.99	34.23%	122.99
Training	395	15,478.00	4,257.12	11,220.88	27.50%	3,481.88
Rental of Copier	431	9,000.00	4,666.08	4,333.92	51.85%	(166.08)
Rental of Post Meter	432	800.00	408.00	392.00	51.00%	(8.00)
Ins & Bonding	450	4,960.00	3,607.98	1,352.02	72.74%	(1,127.98)
Dues, Subsc. & Pub.	491	13,627.00	2,199.66	11,427.34	16.14%	4,613.84
Capital Outlay	500	0.00	0.00	0.00	0.00%	0.00
EXPENSES TOTAL		**2,976,887.00**	**1,336,718.47**	**1,640,168.53**	**44.90%**	**151,725.03**
REVENUE TOTAL		**2,976,887.00**	**1,308,278.00**	**1,668,609.00**	**43.95%**	**(180,165.59)**
STATE SUB-TOTAL		**610,320.00**	**164,810.26**	**445,509.74**	**27.00%**	**(140,349.74)**
(101) COUNTY APPROP		664,264.00	454,376.80	209,887.20	68.40%	122,244.80
(102) WCH FUND BAL		156,906.00	95,478.37	61,427.63	60.85%	17,025.37
(102) PPC FUND BAL		29,945.00	15,763.57	14,181.43	52.64%	791.07
OTHER SUB-TOTAL		**851,115.00**	**565,618.74**	**285,496.26**	**66.46%**	**140,061.24**
(102) MCD – REGULAR		942,300.00	351,572.59	590,727.41	37.31%	(119,577.41)
(102) MCD – SETTLEMENT		0.00	0.00	0.00	0.00%	0.00
(103) MCR – REGULAR		450,500.00	170,142.18	280,357.82	37.77%	(55,107.82)
(103) MCR – HMO		35,000.00	9,532.02	25,467.98	27.23%	(7,967.98)
(103) PRIVATE INS		23,175.00	20,043.92	3,131.08	86.49%	8,456.42
(103) DIRECT FEES		64,477.00	26,558.29	37,918.71	41.19%	(5,680.21)
EARNED SUB-TOTAL		**1,515,452.00**	**577,849.00**	**937,603.00**	**38.13%**	**(179,877.00)**
BALANCE		**0.00**	**-28,440.47**			
Actual (Includes Receipt of State Delay)			32,027.51			

CASWELL COUNTY BUDGET AMENDMENT # _____
Health Department Amendment # 6

Be it ordained, the FY 2014-2015 Annual Budget Ordinance is hereby amended as follows:

PUBLIC HEALTH - 5110

Expenditure Line	*Account Code*	*Increase / (Decrease)*	*Amended Budget*
Salary 121	100.5110.121.000	($11,291.00)	$1,547,490.00
Longevity 127	100.5110.127.000	$1,497.00	$25,010.00
SS / FICA 181	100.5110.181.000	$295.00	$125,950.00
Retirement 182	100.5110.182.000	$1,077.00	$115,255.00
Health Insurance 183	100.5110.183.000	$1,332.00	$204,156.00
Contracted Services 199	100.5110.199.000	($13,948.00)	$424,598.00
Program Supplies 230	100.5110.230.000	($2,429.00)	$37,125.00
Pharmaceuticals 238	100.5110.238.000	$2,317.00	$48,240.00
HH/CAP Med Supplies 239	100.5110.239.000	$15,675.00	$192,808.00
Office Supplies 260	100.5110.260.000	$2,024.00	$9,220.00
Small Tools & Equip. 295	100.5110.295.000	$6,069.00	$14,743.00
Mileage 311	100.5110.311.000	$4,507.00	$104,694.00
Travel Subsistence 312	100.5110.312.000	$139.00	$5,088.00
Postage 325	100.5110.325.000	$627.00	$5,151.00
Printing 340	100.5110.340.000	$37.00	$3,098.00
Maint & Repair 352	100.5110.352.000	$59.00	$6,459.00
Advertising 370	100.5110.370.000	($107.00)	$7,068.00
Laundry 392	100.5110.392.000	$30.00	$780.00
Training 395	100.5110.395.000	($160.00)	$15,478.00
TOTAL EXPENSE BUDGET:		***$7,750.00***	***$2,976,887.00***

Revenue Lines	*Account Code*	*Increase / (Decrease)*	*Amended Budget*
State - Public Health	100.3510.360.000	$4,773.00	$610,320.00
Direct Fees	100.3510.410.008	$2,977.00	$64,477.00
TOTAL REVENUE BUDGET:		***$7,750.00***	***$2,976,887.00***

Justification:

To move funds from one line to another to cover expenses and increase state funds by $4,773 (WIC +$1,898; FP +$2,875) and increase the ADM by $2,977 to account for an unbudgeted refund check from the CTG program last fiscal year.

That all Ordinances or portions of Ordinances in conflict are hereby repealed.

_____ _____
Approved by Health Director Date

_____ _____
Approved by Board of Health Date

_____ _____
Paula Seamster, Clerk to the Board Date

Approved by the Caswell County Board of Commissioners

		6								STATE	COUNTY				
		50.00%	JUN	JUL	AUG	SEP	OCT	NOV	DEC	BALANCE	ACTUAL	BUDGET	BALANCE	YTD %	NET
COMMUNITY ALTERNATIVES PROGRAM															
SALARY & BENEFITS SUBTOTAL			0.00	8,347.18	7,979.58	6,705.08	4,945.67	4,214.83	5,513.10	60,234.56	37,705.44	97,940.00	60,234.56	38.50%	
1			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
2	Salary	121	0.00	6,431.40	6,197.71	5,358.00	3,815.78	3,221.01	3,996.98	44,679.12	29,020.88	73,700.00	44,679.12	39.38%	0.00
3			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
4	Longevity	127	0.00	0.00	0.00	0.00	0.00	0.00	257.18	449.82	257.18	707.00	449.82	36.38%	0.00
5	SS / FICA	181	0.00	462.21	447.01	390.47	275.12	232.13	333.48	3,867.58	2,140.42	6,008.00	3,867.58	35.63%	0.00
6	Retirement	182	0.00	454.70	438.18	378.81	269.78	227.73	300.77	3,548.03	2,069.97	5,618.00	3,548.03	36.85%	0.00
7	Health Insurance	183	0.00	998.87	896.68	577.80	584.99	533.96	624.69	7,690.01	4,216.99	11,907.00	7,690.01	35.42%	0.00
OPERATIONAL EXPENSE SUBTOTAL			0.00	2,871.42	3,283.82	7,912.52	3,112.05	4,332.87	2,022.22	15,555.10	23,534.90	39,090.00	15,555.10	60.21%	
10	Contracted Services	199	0.00	0.00	4.00	0.00	0.00	0.00	0.00	1,496.00	4.00	1,500.00	1,496.00	0.27%	0.00
11			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
12			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
13			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
14	HH/CAP Med Supplies	239	0.00	2,742.00	2,791.29	7,389.67	2,925.62	3,114.37	1,546.09	10,119.96	20,509.04	30,629.00	10,119.96	66.96%	0.00
15	Office Supplies	260	0.00	0.00	0.00	0.00	0.00	851.64	0.00	0.36	851.64	852.00	0.36	99.96%	0.00
16	Small Tools & Equip.	295	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00	500.00	0.00%	0.00
17	Mileage	311	0.00	0.00	347.93	284.15	186.43	119.36	135.52	3,339.61	1,073.39	4,413.00	3,339.61	24.32%	0.00
18			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
19	Telephone	321	0.00	119.42	0.00	238.70	0.00	0.00	119.36	22.52	477.48	500.00	22.52	95.50%	0.00
20	Postage	325	0.00	10.00	0.00	0.00	0.00	0.00	15.00	75.00	25.00	100.00	75.00	25.00%	0.00
21	Printing	340	0.00	0.00	140.60	0.00	0.00	0.00	0.00	0.40	140.60	141.00	0.40	99.72%	0.00
22			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
23	Advertising	370	0.00	0.00	0.00	0.00	0.00	247.50	206.25	1.25	453.75	455.00	1.25	99.73%	0.00
24			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
25			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
26			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
27			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
28			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
29			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
30			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
TOTAL EXPENSES			0.00	11,218.60	11,263.40	14,617.60	8,057.72	8,547.70	7,535.32	75,789.66	61,240.34	137,030.00	75,789.66	44.69%	16,641.33
REVENUE		TOTA	0.00	6,659.40	15,822.60	14,617.60	9,361.98	7,243.44	24,176.65	59,148.33	77,881.67	137,030.00	59,148.33	56.84%	
80	(101) COUNTY APPROP		0.00	6,659.40	4,032.68	2,869.49	0.00	7,243.44	0.00	5,224.99	20,805.01	26,030.00	5,224.99	79.93%	
81			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
82			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
83			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
88	(102) MCD – REGULAR		0.00	0.00	11,789.92	11,748.11	9,361.98	0.00	24,176.65	53,923.34	57,076.66	111,000.00	53,923.34	51.42%	
89			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
90			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
91			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
92			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
93			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	

		6								STATE	COUNTY				
		50.00%	JUN	JUL	AUG	SEP	OCT	NOV	DEC	BALANCE	ACTUAL	BUDGET	BALANCE	YTD %	NET
HOME HEALTH															
SALARY & BENEFITS SUBTOTAL			0.00	54,430.05	50,702.11	48,851.51	64,377.33	60,869.35	70,712.38	430,241.27	349,742.73	779,984.00	430,241.27	44.84%	
1			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
2	Salary	121	0.00	42,279.44	39,725.69	37,829.69	50,325.49	47,671.49	49,683.57	322,015.63	267,515.37	589,531.00	322,015.63	45.38%	0.00
3	Call	122	0.00	1,922.00	1,602.00	1,880.00	1,861.89	1,224.00	1,558.00	17,235.11	10,047.89	27,283.00	17,235.11	36.83%	0.00
4	Longevity	127	0.00	0.00	0.00	0.00	0.00	0.00	6,864.55	85.45	6,864.55	6,950.00	85.45	98.77%	0.00
5	SS / FICA	181	0.00	3,286.92	3,072.80	2,954.09	3,841.61	3,585.57	4,292.48	26,683.53	21,033.47	47,717.00	26,683.53	44.08%	0.00
6	Retirement	182	0.00	2,969.98	2,650.92	2,633.33	3,420.51	3,210.31	3,769.11	22,668.84	18,654.16	41,323.00	22,668.84	45.14%	0.00
7	Health Insurance	183	0.00	3,971.71	3,650.70	3,554.40	4,927.83	4,977.98	4,544.67	41,552.71	25,627.29	67,180.00	41,552.71	38.15%	0.00
OPERATIONAL EXPENSE SUBTOTAL			0.00	65,063.45	27,192.54	31,008.91	17,660.73	35,717.26	18,410.95	225,053.16	195,053.84	420,107.00	225,053.16	46.43%	
10	Contracted Services	199	0.00	48,703.80	13,400.12	8,991.54	4,149.17	16,030.58	4,675.46	74,560.33	95,950.67	170,511.00	74,560.33	56.27%	0.00
11	Food & Provisions	220	0.00	0.00	67.26	0.00	50.00	15.36	0.00	167.38	132.62	300.00	167.38	44.21%	0.00
12			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
13			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
14	HH/CAP Med Supplies	239	0.00	15,888.80	7,330.89	16,553.90	8,252.40	13,545.73	8,426.36	92,180.92	69,998.08	162,179.00	92,180.92	43.16%	0.00
15	Office Supplies	260	0.00	0.00	0.00	0.00	0.00	851.64	0.00	0.36	851.64	852.00	0.36	99.96%	0.00
16	Small Tools & Equip.	295	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00	500.00	0.00%	0.00
17	Mileage	311	0.00	0.00	5,786.53	5,338.47	4,979.04	5,167.95	4,554.14	46,939.87	25,826.13	72,766.00	46,939.87	35.49%	0.00
18	Travel Subsistence	312	0.00	0.00	0.00	0.00	0.00	6.00	0.00	494.00	6.00	500.00	494.00	1.20%	0.00
19	Telephone	321	0.00	125.00	125.00	125.00	100.00	100.00	125.00	499.00	700.00	1,199.00	499.00	58.38%	0.00
20	Postage	325	0.00	100.00	0.00	0.00	0.00	0.00	119.99	280.01	219.99	500.00	280.01	44.00%	0.00
21	Printing	340	0.00	245.85	0.00	0.00	0.00	0.00	0.00	54.15	245.85	300.00	54.15	81.95%	0.00
22			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
23	Advertising	370	0.00	0.00	143.79	0.00	0.00	0.00	0.00	1,356.21	143.79	1,500.00	1,356.21	9.59%	0.00
24			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
25	Training	395	0.00	0.00	0.00	0.00	130.12	0.00	0.00	3,869.88	130.12	4,000.00	3,869.88	3.25%	0.00
26			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
27			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
28			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
29	Dues, Subsc. & Pub.	491	0.00	0.00	338.95	0.00	0.00	0.00	510.00	4,151.05	848.95	5,000.00	4,151.05	16.98%	0.00
30			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
TOTAL EXPENSES			0.00	119,493.50	77,894.65	79,860.42	82,038.06	96,586.61	89,123.33	655,294.43	544,796.57	1,200,091.00	655,294.43	45.40%	9,853.98
REVENUE		TOTA	34,375.74	94,381.55	102,889.72	79,901.75	104,916.99	78,807.57	93,752.97	611,864.71	554,650.55	1,200,091.00	645,440.45	46.22%	
80	(101)	COUNTY APPROP	0.00	90,983.24	46,662.01	38,939.68	0.78	27,855.49	4,724.01	41,425.79	209,165.21	250,591.00	41,425.79	83.47%	
81			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
82			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
83			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
88	(102)	MCD – REGULAR	28,327.79	0.00	33,118.48	20,343.99	41,052.86	18,813.71	41,121.95	267,221.22	154,450.99	450,000.00	295,549.01	34.32%	
89			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
90	(103)	MCR – REGULAR	6,047.95	0.00	19,937.09	17,095.72	62,300.10	26,262.11	44,547.16	273,809.87	170,142.18	450,000.00	279,857.82	37.81%	
91	(103)	MCR – HMO	0.00	2,570.31	3,172.14	2,348.88	0.00	1,128.70	311.99	25,467.98	9,532.02	35,000.00	25,467.98	27.23%	
92	(103)	PRIVATE INS	0.00	828.00	0.00	855.39	1,563.25	4,072.56	2,771.86	2,908.94	10,091.06	13,000.00	2,908.94	77.62%	
93	(103)	DIRECT FEES	0.00	0.00	0.00	318.09	0.00	675.00	276.00	230.91	1,269.09	1,500.00	230.91	84.61%	

Caswell County Public Health
Prevent. Promote. Protect.

CASWELL COUNTY HEALTH DEPARTMENT POLICY

I. POLICY TITLE: Collections for Personal and Home Health

A. Policy
1. The Caswell County Health Department's accounts receivable are reviewed on a regular basis, and every effort is made to collect outstanding balances within the constraints of State Rules and Local Policy.
2. The Caswell County Health Department's Finance Officer and the Health Director will use specific, Board of Health approved criteria to determine which debt is unlikely to be collected, and that debt will be placed in a separate accounts receivable category which will be addressed with a client as they request services from the Health Department.
3. The Caswell County Health Department will not collect a co-pay that is higher than the percent of pay unless otherwise stipulated by State guidelines.

B. Policy Type
1. ☑ Board of Health Policy
2. ☐ Administrative Policy

C. Purpose
1. The purpose of this policy is to furnish guidelines on how to handle the Personal and Home Health accounts receivable.
2. It is the purpose of this policy to assure that all client accounts are managed fairly and handled in such a a way as to not deny anyone future services based solely on their inability to pay.

D. Target
1. This policy shall be followed by all Health Department Staff in the Personal and Home Health Units
2. Health Department Personal and Home Health clients will benefit from this policy

E. References:
1. Eligibility Policy
2. "Collecting Co-Pays and Applying Sliding Fee Scales—A Job Aid for Front Desk Staff"

II. PROCEDURE:

A. This policy does not apply to the Environmental Health program because payments for services are received prior to the service being provided and a refund is made when the requested service is not provided for any reason.

B. Policies and procedures have been put in place, and are frequently adjusted to improve efficiency, to maximize the amount of collected debt
1. However, there will always be some debt that cannot be collected without extraordinary effort.
2. This is especially true in an agency which has as part of its mission to serve as a "safety net" agency.

C. Removing this uncollectable debt from active accounts receivable collection efforts is a process that is recommended by financial consultants for the purpose of "cleaning up" the books.
1. This process provides several benefits:
a. It gives a more accurate picture of the reasonable accounts receivable.

b. It reduces the number of active accounts that need to be reviewed monthly, therefore saving time.

2. This policy establishes a series of detailed steps that all uncollected debt must go through before becoming "inactive" or being "written off". The use of these criteria may increase the amount of revenue collected by uncovering systemic problems and making sure all reasonable efforts are taken to collect the debt.

D. For the purposes of this policy, "Adjustments" and "Write Offs" are two distinct types of uncollectable debt:

1. Adjustment:
   a. These are reductions in the amount charged based on a prior agreement, rule, directive or policy. For example, we are required by Medicaid to charge the same rate to all other third party payers, yet there are usually written agreements between the other third party payers and the Health Department (as negotiated by the Health Director or his/her designee) to accept a greater or lesser amount.
   b. Adjustments can involve any of the following:
      1) Third party payors such as:
         a) Medicare
         b) Medicaid
         c) Private Insurance Companies
         d) Contractual Arrangements with other agencies or businesses
      2) Local and/State polices that require the use of a Sliding Fee Program where charges are adjusted at the time of the visit based on the client's income.
2. Write Off:
   a. This is not a reduction in the amount charged, nor is it a forgiveness of debt, but a method of "aging" outstanding accounts
   b. This is reclassifying of a debt to a dormant status only after specific, Board of Health approved, criteria have been met (as described below) which indicate that there is little reasonable expectation that the debt can be collected.
   c. Only after the following criteria have been met and documented, and no other payment sources are available, a debt may be considered uncollectable and may be written off.
      1) 120 days have passed with no payment activity on the account and the following criteria have been met.
         a) All possible payer sources have been discussed with the client/responsible party and the discussion has been documented.
         b) Accuracy of any insurance information has been double checked.
         c) Direct contact has been made with all payors named by the client/responsible party. This includes the client or responsible party, all insurance carriers, etc.
         d) Attempts to collect from a specific third party payer have been exhausted as documented by any of the following reasons:
            (1) The services were billed in error
            (2) The service or supply was not covered by the payer
            (3) The time limit has expired for billing or rebilling
            (4) The patient was not eligible at the time of service

(5) The payor has documented a complete denial

e) If the responsible party is an individual, a series of four bills have been sent at approximately thirty day intervals and the appropriate collection letter has been attached to the bills sent at 60, 90 and 120 days.

(1) See attachments A, B, & C and "PAST DUE" has been stamped on the bills sent at 60, 90, and 120 days.

(2) When the account reaches the 120-day status it can be sent for Debt Set Off

f) There are no pending, outstanding or ongoing issues to be resolved with any potential payment source.

2) The client has expired and there is no insurance or estate to be billed.

3) The client has filed for bankruptcy and all standard requests for payment through the courts have been completed.

4) At the Health Director's discretion for unusual, documented circumstances.

d. If a client returns to the Caswell County Health Department and requests a service after any debt has been written off, the client will be notified (before being seen if the visit is not urgent) of their outstanding debt, requested to make a payment on their outstanding debt and a payment agreement set up for the remainder of the outstanding debt. When the client checks out the clinic, they will be asked to make a payment of at least the lesser of $20 or their total charges.

e. All debt that is written off must have the approval of the Health Director and will follow the following process.

1) A "Write Off Authorization Form" is completed by the Health Department Finance Officer/or billing staff.

2) The Health Department's Finance Officer must review and approved the write off.

3) In addition to keeping a copy of the Write Off Authorization Form, (which is kept with the agency billing staff) the Health Department's Finance Officer will keep a current summary spreadsheet (including at a minimum, the client's name, date of service, program, amount) of all Write Off clients.

4) The Health Director must then review this form and approve each individual write off.

5) After the Health Director approves the Write Off, the form is returned to the Finance Officer for entry into the Write Off Tracking Spreadsheet.

6) The Finance Officer then forwards the signed, approved Write Off sheet to the billing staff for entry into the client's individual account.

7) A copy of the "Write Off" form is placed in the client's medical record under the tab that is labeled, "Financial"

f. When allowed by the state's "Debt Set Off" policies and procedures, debts owed to the Caswell County Health Department will be submitted to the state for collection from the client's tax refunds or other allowable funds.

g. The Caswell County Board of Health is given a summary report of the "Write Offs" ~~annually or~~ as requested or as deemed necessary by the Health Director.

E. Collections

1. Determination of payer responsibility – see eligibility policy
   a. If a client has a third party payor, that payor will be billed 100% of charges.
      1) However, if the client has insurance and is also eligible for a sliding fee discount, the individual will be billed their percentage of only that portion of the charges not paid by the third party payer.
      2) Third parties authorized or legally obligated to pay for clients at or below 100% federal poverty level are properly billed
      3) For example if a client that is eligible for a 40% discount is charged $100 for a service, and their insurance pays $80, the client will then be billed 40% of the remaining $20).
2. In all cases, the patient is responsible for payment of the assessed charges for services rendered and will sign a statement to that effect each visit (or at the beginning of care in Home Health).
3. Insurance will be billed as a courtesy for our patients. However, in the event that an insurance carrier does not meet their obligation on behalf of the client, the client becomes responsible for the payment based on the Sliding Scale Fee program rules.
4. Clients will be sent bills at 30, 60, 90 and 120 days as specified under the "Write Off" section of this policy. However, this does not apply to clients who request "Confidential" services, such as in Family Planning.
   a. There will be no mail correspondence sent to the client who has identified themselves as wanting "Confidential Services".
   b. In the case of confidential services, it is allowed, with client's approval, to contact the client on their personal cell phone.
5. Direct Fee Collection
   a. Private pay clients will be strongly encouraged to pay a minimum of $20 towards the charges when services are rendered.
      1) If a balance remains, a payment agreement will be generated with an amount to be paid each month and will be signed by the client or responsible party.
      2) Statements will be mailed monthly for as long as the client is paying on the account as long as confidentiality is not jeopardized.
   b. Clients who are delinquent over 90 days may when applicable be given a courtesy call reminding them of their account balance when "confidentiality" is not jeopardized.
   c. A computerized Accounts Receivable System will be used, which reflects the charge, adjustment, balance and collected amount.
      1) Self-pay clients will be given a statement/receipt showing the total charges for services received, discounted amount, amount paid (if applicable) and remaining balance at each visit.
      2) The Accounts Receivable will be balanced on a daily basis.
6. It is the policy of the Agency to provide initial billing to the appropriate payer in a timely manner.
   a. Medicaid and Medicare will be billed according to the standard state and national policy and procedures.
   b. The confidentiality of the client is taken into consideration in any billing procedure and billing efforts may be limited when confidentiality is an issue with a particular client.
   c. Telephone contact will be made with third party payers as needed from the first billing date if payment has not been received.
7. Payment

a. The Caswell County Health Department accepts, cash, money orders, personal checks and third party payments.
b. The Caswell County Health Department accepts donations should they become available.
c. Client's checks that are returned for insufficient funds or account closed will be processed with a fee of $20 per check added to the patient's account.
d. In all cases, the patient/responsible payer will be liable for any and all fees incurred by the Caswell County Health Department in the collection of the client's past due account.

8. Consequences of non-payment of eligible charges
   a. Old debt that has been written off will be reviewed with the client and then reactivated prior to clinical services being provided unless there is an obvious emergency.
   b. Services may be limited or denied to clients who have the ability to pay based on approved eligibility rules, but refuse if the clinical problem is not an emergency.
      1) The Clinical Director and the Finance Officer will determine on a case-by-case basis in keeping with the eligibility policy.
   c. The rules of some programs may prohibit the denial of any services.

III. ATTACHMENTS:

A. Write Off Authorization Form
B. Client's Payment Plan Agreement Form
C. Letters
   1. 60 days
   2. 90 days
   3. 120 days
D. "Collecting Co-Pays and Applying Sliding Fee Scales—A Job Aid for Front Desk Staff"

IV. POLICY HISTORY:

A. Date Originally Approved:
   1. 05/26/09
B. Effective Date:
   1. 05/26/09
C. Dates Policy Reviewed:
   1. 06/25/2010
   2. 05/15/2011
   3. 10/23/2012
   4. 07/17/2013
   5. 03/28/2014
   6. 01/07/2015
   7. _____
   8. _____
D. Dates Policy Revised:
   1. 10/23/2012
   2. 01/07/2015

V. APPROVAL

_____ _____
Health Director Date

_____ _____
Chairman, Board of Health Date

ATTACHMENT A
Caswell County Health Department
Write Off Authorization Form

Patient ID _____

Patient Name _____

Payor Source(s) _____

Date(s) of Service	Amount Billed	Amount Paid	Adjustment	Write Off
TOTALS				

All Of The Following Write Off Criteria Have Been Met:

- ☐ It has been at least 60 days from the last billing
- ☐ It has been at least 180 days from the date of service
- ☐ There is a documented discussion with the client about all possible payor sources
- ☐ The accuracy of insurance information has been checked
- ☐ Direct contact has been made with all payors
- ☐ There are no known billing issues to be resolved

And, At Least One Of The Following Apply:

- ☐ The client was billed in error
- ☐ The service is not covered by payor
- ☐ The time limit for billing has expired
- ☐ The patient was not eligible at the time of service
- ☐ The payor has documented a complete denial
- ☐ If the payor is an individual, four bills have been sent (with appropriate letters)
- ☐ The client has died and there is no insurance or estate
- ☐ All appropriate court filings have been made if the client has filed for bankruptcy
- ☐ Health Director's discretion: _____

Comments: _____

_____

Requested By: _____ Date: _____

Approved By Finance Officer: _____ Date: _____

Approved By Health Director: _____ Date: _____

Caswell County
Public Health
Prevent. Promote. Protect.

CASWELL COUNTY HEALTH DEPARTMENT
PAYMENT PLAN AGREEMENT FORM

_____ _____
Client's Name Date

- I have been informed about the amount I owe Caswell County Health Department for services they provided me and **I agree to the payment plan** described below.
- **I have provided correct and complete financial information** to the best of my knowledge and understand that this information was used to determine the terms of the payment plan below.
- I was reminded that the Health Department may deny service to clients who have been determined to have the ability to pay, but refuse. This does not apply to Family Planning or Communicable Disease Services.

Sliding fee assessment: _____%

Terms of Payment Plan:
Total Amount Owed: $_____ As Of Date: _____

I Agree To Pay: $_____ Per:❒ Week ❒ Month

Date	Payment	Balance

Comments: _____

_____

_____ _____
Client's Signature Date

_____ _____
Witness' Signature Date

CASWELL COUNTY HEALTH DEPARTMENT
189 County Park Rd., Yanceyville, NC 27379
336-694-4129

Date: _____

_____

_____

_____

Dear_____

According to our records, it has been at least sixty days since you were provided services at the Caswell County Health Department and we have not yet been paid. We realize that this could be an oversight on your part and not a willful disregard of your legal obligation. Please contact us to discuss how you will fulfill your obligation.

In order for us to continue providing services to the citizens of Caswell County, we must be paid. If you have already paid this bill, please contact us to be sure your payment has been properly credited to your account.

Sincerely,

Frederick E. Moore, MD
Health Director

CASWELL COUNTY HEALTH DEPARTMENT
189 County Park Rd., Yanceyville, NC 27379
336-694-4129

Date: _____

_____

_____

_____

Dear_____

We recently wrote to you concerning your past due account with us. That debt is now at least ninety days old and we have not yet heard from you. We would like to help you pay your bill in full by arranging a payment plan. Please call immediately to set this up.

If what you owe is not paid in full, you may risk being denied service by the Health Department and I'm sure you do not want this to happen.

Sincerely,

Frederick E. Moore, MD
Health Director

CASWELL COUNTY HEALTH DEPARTMENT
189 County Park Rd., Yanceyville, NC 27379
336-694-4129

Date: _____

_____

_____

_____

Dear_____

Your account with us is seriously past due (over 120 days) and we have still not heard from you. In our last letter we advised you of the possible consequences connected with non-payment of a legitimate debt and offered to set up a payment plan, but you have chosen not to respond.

The best way to resolve this problem is to immediately pay your debt in full or to set up a payment plan. However, until your bill is paid or arrangements have been made to pay it, we are forced to limit or deny the services available to you at the Caswell County Health Department. In addition, we may be forced to submit your debt to the state for payment out of any future state tax refund or lottery winning.

Please call at once to discuss this matter.

Sincerely,

Frederick E. Moore, MD
Health Director

Collecting Co-Pays and Applying Sliding Fee Scales
A Job Aid for Front Desk Staff

5 STEPS FOR COLLECTING CO-PAYS AND APPLYING THE SLIDING FEE SCALE

1: Find out the client's income, family size and whether she/he has insurance.

2: Check the client's insurance eligibility and determine the client's co-pay amount based on her/his insurance plan..

3: Determine where the client's income puts her/him on the sliding fee scale.

4: If the co-pay is less than the client would pay on the sliding fee scale, she/he should pay the co-pay, and the agency should bill the insurance company the fee for the services.

5: If the co-pay is more than what the client would pay based on the sliding fee scale, the client pays what she/he would pay based on the sliding fee scale, and the agency should bill the insurance company the fee for the services.

REMEMBER!
Clients should never pay more than what they owe based on the sliding fee scale.

HOW IT WORKS

Below is a sample sliding fee scale and two scenarios to show how to determine the co-pay when the client has insurance. Your agency's scale may be different since each agency has its own sliding fee scale.

Sample Client:

- Your client's income is $25,000/year.
- She has two children.
- She has insurance. Her co-pay is $20.
- To apply the sliding fee scale, first, match her income to your sliding fee scale.
- The sliding fee scale will show you the discount she would receive. In this situation, her discount would be 80%.

Family Size	Federal Poverty Levels 2014								
	100%	120%	140%	160%	180%	200%	220%	240%	250%
1	$11,670	$14,004	$16,338	$18,672	$21,006	$23,340	$25,674	$28,008	$29,175
2	$15,730	$18,876	$22,022	$25,168	$28,314	$31,460	$34,606	$37,752	$39,325
3	$19,790	$23,748	$27,706	$31,664	$35,622	$39,580	$43,538	$47,496	$49,475
4	$23,850	$28,620	$33,390	$38,160	$42,930	$47,700	$52,470	$57,240	$59,625
5	$27,910	$33,492	$39,074	$44,656	$50,238	$55,820	$61,402	$66,984	$69,775
6	$31,970	$38,364	$44,758	$51,152	$57,546	$63,940	$70,334	$76,728	$79,925
7	$36,030	$43,236	$50,442	$57,648	$64,854	$72,060	$79,266	$86,472	$90,075
8	$40,090	$48,108	$56,126	$64,144	$72,162	$80,180	$88,198	$96,216	$100,225
9+	For families with more than 8 people, add $4,060 for each additional person								
	100%	90%	80%	70%	60%	50%	40%	20%	10%
	Discount								

Reference: US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Available at http: aspe.hhs.gov poverty 14poverty.cfm

SCENARIO 1:

- If fee for services = $125
- With 80% discount, fee = $25
- Insurance co-pay = $20
- Client pays $20
- Bill client's insurance the full fee
- Insurance co-pay is less than the fee, client pays the co-pay

SCENARIO 2:

- If fee for services = $60
- With 80% discount, fee = $12
- Insurance co-pay = $20
- Client pays $12
- Bill client's insurance the full fee
- Discounted fee is less than the co-pay, client pays the discounted fee

REMEMBER!
If the client requests confidential services, do not bill the insurance company.

Collecting Co-Pays and Applying Sliding Fee Scales
A Job Aid for Front Desk Staff

FREQUENTLY ASKED QUESTIONS: COLLECTING CO-PAYS AND APPLYING THE SLIDING FEE SCALE

Q: Our insurance contract says that we need to charge a specific co-pay. What can we do about this if the client's discounted fee is less than the co-pay?

A: No matter what, the client should be charged the lesser of the two: the co-pay or the discounted fee based on the sliding fee scale. The agency should submit the full charge for the service to the insurance company.

Q: What is the federal rule that applies to collecting co-pays and applying the sliding fee scale?

A: Title X Program Requirements provide guidance on how clients should be charged. Family income should be assessed before determining whether co-pays or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% of the Federal Poverty Level (FPL) should not pay more (in co-pays or additional fees) than what they would otherwise pay when the sliding fee scale is applied. Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services. (See page 13, Program Requirements for Title X Funded Family Planning Projects). These rules apply to all client whether or not the client has insurance.

Q: Often clients with insurance do not want to tell us their income. What should we do?

A: Reassure your client that the reason you are asking for her/his income is because your agency's financial policy uses a sliding fee scale based on client's income and family size and that she/he may be eligible to pay less than her/his co-pay if the discounted fee is LESS than her/his co-pay. If the discounted fee is not less, she/he will only be charged the co-pay.

Q: How should we charge clients if they will not tell us their income?

A: Per the Title X Program Requirements (page 12), Title X agencies should follow their grantee's written policy on income verification and ensure that all clients are treated equally according to the policy. Check your grantee agency's policies regarding how to handle this situation.

Family Planning National Training Center for Management and Systems Improvement

Funding for this job aid was made possible by the Office of Population Affairs (Grant FPTPA006023-01-00). The views expressed in the job aid does not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S Government

JSI

Caswell County Public Health
Prevent. Promote. Protect.

CASWELL COUNTY HEALTH DEPARTMENT POLICY

I. POLICY TITLE: Eligibility Policy

A. Policy
   1. In accordance with the NC Administrative Code, Title X regulations (NCAC43A) and individual program rules, the Caswell County Health Department will assure each client seeking care at the Health Department are will be treated fairly and given an opportunity to participate in our sliding scale fee program.

B. Policy Type
   1. ☑ Board of Health Policy
   2. ☐ Administrative Policy

C. Purpose
   1. This policy is intended to assure that all clients seeking care at the Health Department are treated fairly and given an opportunity to participate in our sliding scale fee option.

D. Target
   1. This policy shall be followed by all Health Department Staff except in Environmental Health
   2. All Caswell County residents could benefit from this policy

E. References
   1. NC Administrative Code
   2. Title X Regulations
   3. Individual Program Rules

II. DEFINITIONS:

A. "Economic Unit" is defined as individuals related or non-related, living in the same household who share in their production of income and consumption of goods. An economic unit must have its own source of income. Everyone is a part of some sort of economic unit.

B. "Gross Income" is the total of all income before any deductions

C. "Good Faith Effort" is making a consistent payment (monthly); even if it is not the amount designated on the payment agreement.

D. "True Emergency" is an injury or illness that is acute and poses an immediate risk to a person's life or long term health.

III. PROCEDURE:

A. General Conditions:
   1. The confidentiality of all patients will be upheld while determining the income and sliding scale fee status.
   2. Reimbursement for services will be sought through third party coverage, including Medicaid and Medicare, private insurance and individual patient pay.
   3. Services are available to all clients without regard to race, religion, national origin, disability, gender, marital status, disability, or age.

B. Residency Criteria:
   1. With the exception of OBCM and CC4C programs, all services will be provided regardless of the patient's county or state of residence.
      a. Patients receiving OBCM or CC4C services will be required to show proof of residency due to state program requirements
      b. Listed below are items which may be accepted as "Proof of Residency". At least one form of proof is required.
         1) Driver's License
         2) Medicaid Card
         3) Division of Motor Vehicle ID card
         4) Paycheck stub with person's address, greater than 60 days old
         5) Utility Bill (electric, gas, phone, water, cable) that is at least 60 days old.
         6) Mortgage/Rental Agreement
         7) Bank Statement
         8) Current School Record
      c. Once proof of residency is obtain the item used to proof residency must be copied, dated and put in the chart.
      d. Clients residing in a shelter can use a written statement signed by the shelter director as proof of residency.
   2. Any other exceptions will be guided by program and agency policy

C. Financial Requirements:
   1. No one will be denied services based solely on inability to pay, as established during the eligibility process.
   2. Most health department programs are mandated to provide eligible services at no charge to the patients who are found to be at 100% of poverty and below.
   3. According to current Federal and State and program rules, patients requesting services in our Communicable Disease, Sexually Transmitted Infections, Family Planning, or Immunization programs will be provided services regardless of income status.
   4. Family Planning Program cannot require a proof of income. For these patients a declaration of income is accepted.

D. Sliding Fee Scales/Fees:
   1. The 101% to 250% Federal Poverty Scale will be used to determine fees for services in all programs.
   2. Patient's are responsible for paying their assessed charges in full and are encouraged to do so at the time that services are rendered or at least within a thirty date time period.
      a. Charges for services are based on the patient's ability to pay.
      b. If a payment plan is needed then one may be offered based on agency guidelines. (See the Collection Policy).

E. It is the practice of this Health Department to use the Economic Unit to assess the patient's "ability to pay".
   1. Family Planning
      a. Use declaration of income
      b. Economic unit is the individual, not the household
      c. Child support cannot be included as income during the eligibility process
   2. Other programs
      a. Income information will be obtained from each client based on the past twelve month's of income from everyone who makes up the economic

unit. This information along with the economic unit size will be used to determine their "ability to pay".

b. Current gross income for past twelve months will be used to determine pay status unless income for the past six months is a better indicator of their current economic status: i.e., seasonal workers, temporary leave of absences, etc.

c. ~~Un-emancipated minors,~~ Any client requesting confidential services will be considered as an economic unit of one and charged based on their own income.

d. Gross annual income is calculated as follows:
   1) Weekly pay x 52, or
   2) Biweekly pay x 26, or
   3) Monthly pay x 12

e. Income included in the eligibility process includes:
   1) Salaries and wages
   2) Overtime pay
   3) Earnings from self-employment
   4) Investment income as identified on tax returns
   5) Public assistance money
   6) Unemployment compensation
   7) Alimony or child support payments
   8) Military allotments
   9) Social Security Benefits
   10) Veteran's Administration Benefits
   11) Retirement and pension plans
   12) Worker's compensation
   13) Regular contributions from individuals not living in the household.
   14) Supplementary Security Income (SSI) benefits
   15) Lawn Maintenance, as a business
   16) Housekeeping, as a business

f. Income that is not included in the eligibility process includes:
   1) Income that minors may earn babysitting, mowing lawns or other miscellaneous tasks.
   2) Military housing (on or off base)
   3) Payments provided by the Low Income Energy Assistance Act
   4) Assistance to a child or families for Free Lunch and Food Stamps

3. All clients will be given the option to participate in the "sliding fee" program. This program will be explained to the client at the beginning of the eligibility process.
   a. If the client elects to participate in the sliding fee program then income verification process will be initiated. For Family Planning Clients, declaration of income will be accepted.
   b. If the client does not choose to participate, they will be charged 100% of the established rates (with the exception of Family Planning) for all services rendered, unless otherwise approved by Health Director.

4. During the eligibility process the client will be asked for all sources of income. We will require at least the last check stub; however, if the client is not currently working the last tax return is requested.

a. It is our policy that no client will be refused services when presenting for care based on lack of documentation, however each client will be billed at 100% until proof of income and family size is provided to the agency. The client will have 30 days to present this documentation in order to change the previous 100% charge to a sliding fee.

b. If no documentation is produced in 30 days then the charge stands at 100% for that visit. **Exception: Family Planning (Title X) States That If A Patient Presents For Services Without Proof Of Income, You Cannot Charge Them At The 100% Rate So Must Use Income Declaration For That Visit.**

5. Client's reporting an income that qualifies for a 0% pay level will be requested to go to the Department of Social Services to apply for assistance.
6. All persons wanting to receive Family Planning services will be given an application for the Family Planning Waiver program and instructed to complete the form and return it to the Department of Social Services within 14 days of the visit.
7. If dealing with a client seeking Communicable Disease, Immunizations, Sexually Transmitted Infections or Family Planning services and they are unable to provide income data, this should be documented on the Financial Data Sheet but it may not hinder the services provided to the client. This is considered as taking "Declaration of Income Statement"
8. Clients who present for clinical services and say they do not work, have no income of any kind, do not receive Department Of Social Services assistance, but state they have a friend living outside the home paying the bills will be required to bring in proof of the "friends" income.
   a. Following the same guidelines listed earlier.
   b. This does not apply to family planning

F. Certification/Eligibility Procedures
1. After the client has provided all needed information relating to finances and economic unit, the client will be asked to sign in block 17 "Applicant's Signature" of the "Financial Eligibility Application".
2. It will be explained to the client that this gives us the right to verify income and if discrepancies are found then patient's charges may be adjusted. Verification can be performed by checking with DSS, Employment Security Commission or by contacting the employer when warranted.

G. Sliding Fee Chart
1. An updated sliding fee chart that is based on 250% of the Federal Poverty is provided each year by the Division of Public Health.
2. Once the income and number of members from the economic unit have been determined, the sliding fee chart will be used to determine placement on the sliding scale.
3. Clients at 100% or below of the poverty level pay nothing for the services that are provided. Clients at 250% or greater than the poverty level pay 100% of the charges. Those who fall between 100% and 250% pay on a sliding scale based on the Sliding Fee Chart.

H. Service Denials or Restrictions
1. Service restrictions may be applied to patients who do not make a "good faith" effort to pay or honor their payment agreement unless restricted by State and Federal regulations.

a. Communicable Disease, Family Planning, Sexually Transmitted Infection or Immunization services cannot be denied because of an outstanding balance.
b. Patients in other programs will be informed of the possibility that service restrictions or denial of services may be imposed for non-payment of charges.

2. If a client requests services and has a balance due, the eligibility worker will discuss the delinquent account and request payment; if no payment is given the eligibility worker will then set up a payment plan which will be placed in the financial section of the client's chart. (See Collections Policy)
3. No patient will be denied services based solely on their inability to pay as determined by the sliding fee program and every reasonable effort will be made to ensure that clients receive the services that are needed.
4. Cases of delinquent payment agreements will be discussed with the Health Department's Finance Officer and Clinical Director on a case by case basis. In extreme and/or unusual circumstances, the Health Director or designee, in consultation with staff is authorized to circumvent the guidelines outlined above.

I. Frequency of Eligibility
1. A full eligibility evaluation should be done at least every 6 months or whenever there is a change in the client's employment/income.
2. It may be done more often if there is a change in client's financial status or the agency deems it necessary.
a. On each visit the client will be asked if there is a change in their financial status.
b. The staff will indicate there has been ***"no change"*** by writing **"NC"** followed by their initials on the Financial Sheet used for eligibility documentation.
c. May use reported income through other programs offered at CCHD rather than re-verify income or rely solely on client's self report.

J. General Information
1. Upon completion of the clinical visit, all direct pay patients (0%-100%) in the following programs should stop by the front desk to receive a statement showing the amount of charges and payment for services will be requested.
a. Adult Health
b. Child Health
c. Family Planning
d. Maternal Health
e. Pediatric Primary Care
2. If client cannot make a payment in full a payment agreement will be completed (see Collections Policy for payment plan instructions and form).
3. All charges are available to the client upon request.

IV. ATTACHMENTS
A. Sliding Fee Chart
~~B. Financial Eligibility Application~~

V. POLICY HISTORY
A. Date Originally Approved:
1. 05/26/09

B. Effective Date:
   1. 05/26/09

C. Dates Policy Reviewed:
   1. 05/01/2010
   2. 07/20/2011
   3. 10/23/2012
   4. 07/17/2013
   5. 03/25/2014
   6. 01/08/2015
   7. _____
   8. _____

D. Dates Policy Revised:
   1. 10/23/2012
   2. 01/08/2015

VI. APPROVAL

_____ _____

Health Director Date

_____ _____

Chairman, Board of Health Date

N. C. Division of Public Health
Women's and Children's Health Section
Women's Health Branch, Family Planning & Reproductive Health Unit
Annual Gross Family Income
Sliding Fee Scale –101% to 250% of Poverty
Family Planning Waiver Eligibility Included

Effective 2/2014

Family Size	Federal Poverty	Partial-Pay Bracket Twenty Percent From	To	Partial-Pay Bracket Forty Percent From	To	Partial-Pay Bracket Sixty Percent From	***FP Waiver Eligibility****	To	Partial-Pay Bracket Eighty Percent From	To	Full Pay
1	$11,670	$11,671	$16,046	$16,047	$20,423	$20,424	***$21,590***	$24,799	$24,800	$29,174	$29,175
2	$15,730	$15,731	$21,629	$21,630	$27,528	$27,529	***$29,101***	$33,426	$33,427	$39,324	$39,325
3	$19,790	$19,791	$27,211	$27,212	$34,633	$34,634	***$36,612***	$42,054	$42,055	$49,474	$49,475
4	$23,850	$23,851	$32,794	$32,795	$41,738	$41,739	***$44,123***	$50,681	$50,682	$59,624	$59,625
5	$27,910	$27,911	$38,376	$38,377	$48,843	$48,844	***$51,634***	$59,309	$59,310	$69,774	$69,775
6	$31,970	$31,971	$43,959	$43,960	$55,948	$55,949	***$59,145***	$67,936	$67,937	$79,924	$79,925
7	$36,030	$36,031	$49,541	$49,542	$63,053	$63,054	***$66,656***	$76,564	$76,565	$90,074	$90,075
8	$40,090	$40,091	$55,124	$55,125	$70,158	$70,159	***$74,167***	$85,191	$85,192	$100,224	$100,225
9	$44,150	$44,151	$60,706	$60,707	$77,263	$77,264	***$81,678***	$93,819	$93,820	$110,374	$110,375
10	$48,210	$48,211	$66,289	$66,290	$84,368	$84,369	***$89,189***	$102,446	$102,447	$120,524	$120,525
11	$52,270	$52,271	$71,871	$71,872	$91,473	$91,474	***$96,700***	$111,074	$111,075	$130,674	$130,675
12	$56,330	$56,331	$77,454	$77,455	$98,578	$98,579	***$104,211***	$119,701	$119,702	$140,824	$140,825

**** at or below 185% of federal poverty level***

CASWELL COUNTY HEALTH DEPARTMENT POLICY

I. POLICY TITLE: Board of Health General Health Department Policy

A. Policy

1. It is the policy of the Caswell County Board of Health that the Caswell County Health Department will:
   a. Hire, train, maintain and retain a high quality public health workforce;
   b. Provide a secure, safe, clean and well maintained environment for its workforce and clients;
   c. Provide high quality public health services to its clients and will take systematic measures to improve the quality of these services;
   d. Comply with all applicable federal, state and local laws, rules, regulations and ordinances;
   e. Fulfill all of its duties and obligations in an ethical and lawful manner.

B. **Policy Type**

1. ☑ Board of Health Policy
2. ☐ Administrative Policy

C. **Purpose**

1. The Caswell County Board of Health is the policy-making, rule-making and adjudicatory body for the Caswell County Health Department.
2. The Board of Health will establish general policies and guidelines that the Health Department will then use to develop more detailed administrative policies.

D. **Target**

1. This policy applies to the administration and staff of the Caswell County Health Department.

E. **References**

1. NC General Statutes 130A-35 (a)

II. PROCEDURE:

A. The Caswell County Health Department will develop, maintain and comply with policies and procedures that reflect the general policies of the Board of Health.

III. POLICY HISTORY:

A. Date Originally Approved
   1. 02/24/2009

B. Effective Date
   1. 02/24/2009

C. Dates Policy Reviewed

1. 06/30/2010
2. 06/15/2011
3. 07/03/2012
4. 07/17/2013
5. 03/25/2014
6. 02/24/2015
7. _____
8. _____
9. _____
10. _____

D. Dates Policy Revised

1. 02/24/2015
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

IV. APPROVAL:

_____ _____
Board of Health, Chairperson Date

_____ _____
Health Director Date

I. POLICY NAME: Board of Health Operating Procedure

A. Policy
1. The Board of Health shall follow these operating procedures in accordance with General Statutes.

B. Policy Type
1. ☑ Board of Health
2. ☐ Health Department

C. Purpose
1. The purpose of this policy is to set guidelines for Board of Health operations.
2. This policy outlines the roles and responsibilities for the Board of Health

D. Target
1. This policy is followed by the Board of Health.
2. This policy is also followed by the Health Director and other staff who interact with the Board of Health.

E. References
1. General Statutes

F. Table of Contents

Table of Contents

II. PROCEDURES

A. Name and Location
1. The name of this organization is the Caswell County Board of Health, hereinafter referred to as "Board of Health".
2. The principal office of the Board is located at the Caswell County Health Department, 189 County Park Road, Yanceyville, NC 27379.

B. Purpose of the Board
1. The Board of Health is the policy-making, rule-making and adjudicatory body for the Caswell County Health Department (§ 130A-35 (a)).
2. The Caswell County Board of Health has the responsibility to protect and promote the public health.
3. The Board of Health has the authority to adopt rules necessary for that purpose. (§ 130A-39 (a)).

C. Caswell County Health Department Mission Statement
   1. The mission of the Caswell County Health Department is to protect the health and welfare of Caswell County citizens and to meet the county's health needs through direct services, assessment and evaluation, and community partnerships.
   2. We hold the following core values to fulfill this mission:
      a. Health Promotion: We emphasize the importance of healthy lifestyles and behaviors that lead to an enhanced quality of life and lower health risk.
      b. Prevention: We act promptly to prevent the spread of communicable diseases and to lower risk factors that lead to chronic disease.
      c. Sanitation: We work to ensure food safety, clean drinking water, clean air and a safe environment.
      d. Partnerships: We cooperate with community, state and national partners to meet the needs of the citizens.
      e. Quality: We strive to meet the highest standards of quality as we provide services to our citizens.
   3. Caswell County Health Department Vision Statement
      a. The Caswell County Health Department prevents disease, promotes health and protects the environment.
   4. Caswell County Health Department Tag Line
      a. Caswell County Health Department: Preventing Disease, Promoting Health, Protecting the Environment.

D. Membership
   1. Membership (§ 130A-35 (b))
      a. The members of a county board of health shall be appointed by the county board of commissioners.
      b. The board shall be composed of 11 members who shall be residents of Caswell County.
      c. The composition of the board shall reasonably reflect the population makeup of Caswell County and shall include:
         1) One physician licensed to practice medicine in this State
         2) One licensed dentist
         3) One licensed optometrist
         4) One licensed veterinarian
         5) One registered nurse
         6) One licensed pharmacist
         7) One county commissioner
         8) One professional engineer
         9) And three representatives of the general public
   2. Absence of a Designated Professional (§ 130A-35 (b))
      a. If there is not a licensed physician, a licensed dentist, a licensed optometrist, a licensed veterinarian, a registered nurse, a licensed pharmacist, or a professional engineer available for appointment, an additional representative of the general public shall be appointed.
      b. If however, one of the designated professions has only one person residing in the county, the county commissioners shall have the option of appointing that person or a member of the general public.
   3. Terms (§ 130A-35 (c))
      a. Except as provided in this section, members of the county board of

health shall serve three-year terms.

b. No member may serve more than three consecutive three-year terms unless the member is the only person residing in the county who represents one of the professions designated in Section 1 of this article.

c. The county commissioner member shall serve only as long as the member is a county commissioner.

d. When a representative of the general public is appointed due to the unavailability of a licensed physician, a licensed dentist, a licensed optometrist, a licensed veterinarian, a registered nurse, a licensed pharmacist, or a professional engineer, that member shall serve only until a licensed physician, a licensed dentist, a licensed optometrist, a licensed veterinarian, a registered nurse, a licensed pharmacist, or a professional engineer becomes available for appointment.

e. In order to establish a uniform staggered term structure for the board, a member may be appointed for less than a three-year term.

4. Removal (§ 130A-35 (g))

a. A member may be removed from office only by the county board of commissioners.

b. The Board of Health may make recommendations to the Board of Commissioners based on the following reasons and procedure.

1) Reasons:

a) Commission of a felony or other crime involving moral turpitude

b) Violation of a State law governing conflict of interest

c) Violation of a written policy adopted by the county board of commissioners

d) Habitual failure to attend meetings which is defined by the Caswell County Board of Commissioners as a member who misses three consecutive meetings of the Board of Health without just cause

e) Conduct that tends to bring the office into disrepute

f) Failure to maintain qualifications for appointment required by Section 2 of this Article.

2) Procedure

a) The Chairperson will contact a member who meets any of the conditions for recommended removal listed in Section 4 (A) of this Article, to determine the member's interest or ability, or the propriety for them to continue to serving.

b) If the Chairperson determines that the member does not have an interest or ability, or it would be improper for them to continue serving on the Board of Health, the member will be given written notice of the Board of Health's intention to recommend to the Board of Commissioners their removal and the basis for this action.

c) The member will be given an opportunity to respond. If the member indicates that they do not wish to continue serving, or if there is no response within 10 working days the Chairperson will notify the Board of

Commissioners and will recommend that the member in question be removed from the Board of Health and a replacement be appointed for the remaining portion of their term.

d) If the member responds within 10 working days and indicates that they wish to continue serving, the full board will discuss the matter at the next regularly scheduled Board of Health meeting and decide what action to take.

5. Resignation
   a. Any member of the Board of Health may resign at any time by giving written notice to the Chairperson of the board.
   b. The resignation of any member will take effect upon receipt of the notice thereof or at such later date as is specified in such a notice; and, unless otherwise specified therein, the acceptance of such resignation will not be necessary to make it effective.
   c. The Chairperson will notify the Board of Commissioners of the resignation so that they can satisfy their legal duty to fill the vacancy.
6. Per Diem (§ 130A-35 (h))
   a. A member may receive a per diem in an amount established by the county board of commissioners.
   b. Reimbursement for subsistence and travel shall be in accordance with a policy set by the county board of commissioners.
7. Conflict of Interest
   a. It is the policy of the Board of Health that no member of the board or member of a committee or board appointed by the Board of Health will participate in, discuss or cast a vote on any matter or issue in which such member stands potentially to receive any financial gain or in which a conflict of interest, as defined by N.C. law, may exist (§ 14-234).
      1) No member may derive a direct benefit from a contract with the Health Department except as allowed by law.
      2) A member who will derive a direct benefit from a contract with the Health Department, as allowed by law, shall not attempt to influence any other person who is involved in making or administering the contract.
      3) If a conflict of interest should arise, it is the responsibility of the member who is conflicted to inform the board or committee about the conflict in open session prior to any discussion or vote on the matter that is in conflict. The conflict will be documented in the board or committee minutes.
      4) No member may solicit or receive any gift, reward, or promise of reward in exchange for recommending, influencing, or attempting to influence the award of a contract with the Health Department.
8. Oath of Office
   a. A person appointed, or reappointed, to the Board of Health must take the required oath of office, administered by the Clerk to the Board of Commissioners or any other person authorized by N.C. law, before functioning as a board member.
9. Orientation and Continuing Education

a. Members of the Caswell County Board of Health will receive orientation to their duties and responsibilities, and to the Health Department programs and facilities.
b. At or before their first Board of Health meeting
   1) A new member will be given a packet of information about their duties, responsibilities and legal obligations as well as a description of the various Health Department activities and budget.
   2) A tour of the Health Department facilities will also be offered.
c. Within one year of being first appointed
   1) Board of Health members will participate in the Board of Health training sponsored by the NC Division of Public Health, if available.
   2) Other board members will periodically participate in this training as determined by the board.
d. Continuing Education
   1) The Board of Health participate in continuing education about important public health issues and member duties and responsibilities.
   2) The board will decide each year as to the format and topics that will be covered by this continuing education.

E. Officers
1. Officers
   a. The Board of Health will elect its own Chairperson and Vice Chairperson annually.
   b. These officers will perform the duties as prescribed by the operating procedure, the Laws of N.C., and the parliamentary authority adopted by the Board of Health.
   c. No member shall hold more than one office at a time and no member shall be eligible to serve more than three consecutive terms as Chairperson or Vice Chairperson.
2. Chairperson
   a. The Chairperson will preside at all meetings and is authorized to sign documentation, and provide oral and written communication on behalf of the Board of Health.
   b. The Chairperson will appoint appropriate temporary committees deemed necessary to carry on the work of the Board of Health.
   c. The Chairperson is an ex officio (non-voting) member of all committees but has no obligation to participate at committee meetings and is not counted in determining if a quorum is present at a committee meeting.
   d. The Chairperson will determine the composition, duration, and dissolution of all committees
3. Vice-Chairperson
   a. The Vice-Chairperson will preside in the absence of the Chairperson and will perform such duties as are assigned by the Chairperson.
   b. Should the office of Chairperson be vacated for any reason, the Vice-Chairperson will fill the unexpired term of office and a new Vice-Chairperson will be elected by the Board.
4. Secretary
   a. The Health Director will serve as Secretary to the Board but will not be a

member of the Board.

b. The Secretary will notify Board Members of upcoming Board of Health meetings, record the minutes of the meetings, and distribute them to the Board members.

c. The Health Director may delegate the duties of Secretary to a health department staff member.

5. Election of Officers

a. The Chairperson and Vice Chairperson

1) Are elected annually at the first regular meeting of the new county fiscal year unless the board votes to hold the election at a later meeting.

2) The local Health Director, as Secretary to the Board, will temporarily preside at the annual election.

b. Any Board member may make a motion to place a name on the ballot for consideration.

1) Once the nominations for Chairperson are closed, the floor will be open for discussion.

2) At the end of the discussion, the temporary Chairperson may call for a vote.

c. The newly elected Chairperson will then take office and preside over the Board.

d. The new Chairperson will then preside over the election of a Vice-Chairperson

e. The elected officers will serve a one year term or until their successors are elected. Officers may be re-elected to their office but may serve no more than three consecutive terms.

F. Meetings

1. Regular Meetings

a. The Board of Health, at a minimum, must meet at least quarterly (§ 130A-35 (i)).

b. The regular meetings of the Caswell County Board of Health are held on the fourth Tuesday of each month at the Caswell County Health Department.

c. A change in the time or place of the Board of Health meeting shall be treated as a special meeting for purposes of the open meeting law.

d. In general, all meetings of the Board of Health and its committees shall be open to the public and are subject to the provisions of North Carolina's open meeting law.

e. Notice of these meetings are filed with the Clerk to the Caswell County Board of Commissioners.

f. Regular meetings of the Board of Health may be canceled by a majority vote at a regular monthly meeting.

2. Agenda

a. The Secretary to the Board shall prepare an agenda for each meeting.

1) Any board member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least four working days before the meeting.

2) For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote.

3) The agenda for a special or emergency meeting may be altered

only if permitted by and in accordance with the North Carolina open meetings laws.

b. Any person may request that an item be placed on the Board's agenda by submitting a written request to the Secretary at least ten working days before the meeting.

c. For each regularly scheduled meeting of the Board of Health, the agenda and a packet of information related to the meeting will be sent to each board member so that it will arrive at least 24 hours prior to meeting.

d. Information contained in the packet includes
   1) Minutes from recent Board of Health meetings
   2) Any reports related to Health Department program audits by the state or other organizations
   3) Quality improvement reports
   4) Financial reports
   5) Information about current or pertinent public health matters and other information requested by the board or board Chair, or determined to be of significance by the Secretary.

3. Presiding Officer
   a. If present, the Chairperson of the Board of Health will preside at meetings of the Board of Health.
      1) In the absence of the Chairperson, the Vice-Chairperson will preside.
      2) In the absence of the Chairperson and the Vice-Chairperson another Board of Health member shall be designated to preside by a majority vote of the members who are present.
      3) The Secretary shall open such a meeting and as the first order of business, open the floor for nominations of a temporary chairperson for that meeting.
   b. The presiding officer has the following powers
      1) To rule motions in or out of order
      2) To determine whether a speaker has gone beyond reasonable standards of time
      3) To vote on each motion; and to call a recess at any time.
   c. The most recent edition of "Roberts' Rules of Order, Newly Revised" is followed in the conduct of the meetings.
4. Quorum
   a. A simple majority of current members, including the Board of Health Chairperson, constitutes a quorum for Board of Health meetings.
   b. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.
   c. A majority of committee members, not including the Board of Health Chairperson, constitutes a quorum for Board of Health committees.
5. Voting
   a. A motion may be placed before the board by any member of the board but will only be discussed if the motion is seconded by another member of the board. However, motions coming to the board from a board committee do not require a second.
   b. Each member shall have an equal vote on items that come before the board. A member must be physically present at the meeting to vote.

c. A quorum must be present to vote on an issue and a majority is needed to approve any motion except for amendments to the Board of Health Operating Procedures which require at least eight affirmative votes.

d. Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken.
   1) A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law.
   2) If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention.

6. Special Meetings
   a. Special meetings may be called by the Chairperson or by three of the members of the Board of Health.
   b. Special meetings may be called for any purpose. However, only those items of business specified in the notice may be discussed or transacted at a special meeting unless:
      1) All members are present, and
      2) The board determines in good faith at the meeting that it is essential to discuss or act on the item immediately.
   c. (§ 143-318.12(b)(2)) The Chairperson or calling members shall inform the Secretary of the Board of the special meeting at least forty-eight hours before a special meeting is held in this manner, written notice of the meeting stating its time, place, and the subjects to be considered shall be
      1) Given to each board member
      2) Posted on the board room door
      3) And, mailed or delivered to any person or public media that has filed a written request for notice of special meetings with the Board's Secretary.

7. Emergency Meetings (§ 143-318.12(b)(3))
   a. The Chairperson, Vice Chairperson, or the Secretary of the Board of Health may at any time call an emergency meeting of the board by signing a written notice stating the time and place of the meeting and the subjects to be considered.
   b. Prior to the emergency meeting, written or oral notice shall be
      1) Given to each board member
      2) Posted on the board room door
      3) And, given to any person or public media that has filed a written request for notice of special meetings with the Board's Secretary.
   c. The Board may call emergency meetings only because of generally unexpected circumstances that require immediate consideration and only business connected with the emergency may be considered at the emergency meeting.

8. Recessed Meetings (§ 143-318.12(b)(1))
   a. A properly called regular, special or emergency meeting may be recessed to a time and place certain if approved in open session during a regular, special or emergency meeting.
   b. No further notice need be given of such a recessed session of a properly called regular, special or emergency meeting.

9. Public Comment

a. A reasonable period of public comment shall be a part of each regularly scheduled Board of Health meeting.
b. Each speaker will be given three minutes and up to five speakers will be allowed per meeting for a total of fifteen minutes of public comment.
c. The BOH may waive time limits or extend the public comment period upon the motion of any board member that is properly seconded and approved by a majority vote.

10. Closed Session
    a. Meetings will be closed only as permitted by and in accordance with the open meetings law (§ 143-318.11).
11. Disruption (§ 143-318.17)
    a. A person who willfully interrupts, disturbs, or disrupts an official meeting and who, upon being directed to leave the meeting by the presiding officer, willfully refuses to leave the meeting is guilty of a Class 2 misdemeanor.
12. Minutes
    a. The Secretary shall prepare full and accurate minutes of the board proceedings, including closed sessions.
    b. The exact wording of each motion and the results of each vote shall be recorded in the minutes, and on the request of any member of the board, the entire board shall be polled by name on any vote.
    c. Members' and other persons' comments may be included in the minutes if the board approves.
    d. Copies of the minutes shall be made available to each Board member before the next regular Board meeting.
    e. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised.
    f. The public may obtain copies of the Board meeting minutes at the Caswell County Health Department.

G. Rule-Making Authority(§ 130A-39)
1. The Board is responsible for protecting and promoting the public health and will adopt rules necessary for that purpose. These rules will apply to all municipalities within the Board's jurisdiction.
2. In areas already under regulation by the Commission for Health Services or Environmental Management Commission, the local Board of Health may adopt a more stringent rule when, in its opinion, such is required to protect the public health.
    a. Otherwise, the rules of the aforementioned State Commissions will prevail.
    b. The Board may not adopt rules concerning the grading and permitting of food and lodging facilities, which come under the rules of the Commission for Health Services.
    c. A local Board of Health may adopt rules concerning waste water collection, treatment and disposal systems which are not designed to discharge effluent to the land surface or surface waters only in accordance with G.S. 130A-335(c).
    d. Legal advice should be obtained prior to the adoption of rules by the

Board of Health.

3. The following policy will apply before the adoption, amendment, or repeal of any local Board of Health rule. Not less than 10 days before the Board acts:
   a. The proposed rule or rule change is available at the Office of the County Clerk.
   b. A notice is published in a newspaper having general circulation within the area of the Board's jurisdiction. This notice will include
      1) The subject of the proposed rule or rule change or description of subjects and issues involved
      2) The effective date
      3) And a statement that copies of the rules proposed or to be changed are available at the local health department.
4. Local Board of Health rules become effective upon adoption unless a later date is specified in the rule.
5. Copies of rules are filed with the local health director.
6. The Board of Health may, in its rules, adopt by reference any code, standard, rule or regulation of any agency of this state, another state, any agency of the United States or by a generally recognized association. Copies are filed with the other Board rules.

H. Fees
1. The Caswell County Board of Health may impose a fee for services rendered by the Caswell County Health Department in accordance with NCGS 130A-39(g).
2. Fees are based upon a plan recommended by the local health director and approved by both the Board of Health and Board of Commissioners.

I. Appointment of the Local Health Director (§ 130A-40)
1. The Board of Health, after consulting with the Board of Commissioners, will appoint a local health director who possess the qualifications established by the Commission for Health Services and the State Personnel Commission.
   a. If the Board of Health fails to appoint a local Health Director within 60 days of the vacancy, the State Health Director may appoint a Health Director in accordance with NC General Statutes.
   b. The Board of Health has the ultimate responsibility for employing and dismissing the Health Director.
2. The function of the Health Director shall be the administrative head of the Health Department and shall perform public health duties prescribed by and under the supervision of the local Board of Health and the NC Department of Health and Human Services. The specific duties and powers of the Health Director are detailed in the NC General Statutes.
3. The Board of Health will perform an annual appraisal and review of the job performance of the local Health Director and a summary of this review is forwarded to the County Manager.

J. Duties and Evaluation of Local Health Director
1. The powers and duties of the Local Health Director are described in § 130A-41 and the Health Director's job description
   a. A local health director
      1) Shall be the administrative head of the local health department
      2) Shall perform public health duties prescribed by and under the supervision of the local board of health and the state
      3) Shall be employed full time in the field of public health.
   b. A local health director shall have the following powers and duties:

1) To administer programs as directed by the local board of health
2) To enforce the rules of the local board of health
3) To investigate the causes of infectious, communicable and other diseases (including zoonotic diseases)
4) To exercise quarantine authority and isolation authority
5) To disseminate public health information and to promote the benefits of good health
6) To advise local officials concerning public health matters
7) To enforce the immunization requirements
8) To examine and investigate cases of venereal disease
9) To examine and investigate cases of tuberculosis
10) To examine, investigate and control rabies
11) To abate public health nuisances and imminent hazards
12) To employ and dismiss employees of the local health department in accordance with Chapter 126 of the NC General Statutes
13) To enter contracts, in accordance with The Local Government Finance Act, on behalf of the local health department without abrogating the authority of the board of county commissioners.

c. Authority conferred upon a local health director may be exercised only within the borders of Caswell County.

2. The Board of Health will complete a performance evaluation of the Local Health Director each year or more often if indicated.
   a. The Board of Health will choose an appropriate evaluation tool
   b. This tool will be distributed to each member in the packet for the first regular meeting of the Board of Health each calendar year. Each member will complete the tool to the best of their ability prior to this meeting.
   c. During closed session at this meeting the board will formulate the annual performance evaluation.
   d. At the next regular meeting of the board, while in closed session, the evaluation will be discussed with the Health Director.
   e. A copy of the completed evaluation will be given to each of the following
      1) The Health Director's personnel file located at the Health Department
      2) The county's Human Resources Department
      3) The Health Director

K. Appeal Hearings
1. Based on N.C. statutes (§130A-24), appeals may be heard by the Board of Health concerning interpretation and enforcement of rules adopted by the Board of Health and concerning the imposition of administrative penalties by the local health director.
   a. The aggrieved person shall give written notice of appeal to the local health director within 30 days of the challenged action.
      1) The notice shall contain:
         a) The name and address of the aggrieved person
         b) A description of the challenged action and
         c) A statement of the reasons why the challenged action is incorrect.
      2) Upon filing of the notice, the local health director shall, within five working days, transmit to the local board of health:

a) The notice of appeal and
b) The papers and materials upon which the challenged action was taken.

3) The local board of health shall hold a hearing within 15 days of the receipt of the notice of appeal.
a) The board shall give the person not less than 10 days' notice of the date, time and place of the hearing.
b) On appeal, the board shall have authority to affirm, modify or reverse the challenged action.

4) The local board of health shall issue a written decision based on the evidence presented at the hearing. The decision shall contain a concise statement of the reasons for the decision.

5) A person who wishes to contest a decision of the local board of health shall have a right of appeal to the district court having jurisdiction, within 30 days after the date of the decision by the board.

2. Employee Grievance
a. As described in the Health Department Grievance Policy, the Board of Health may hear an appeal of an employment action made by the Health Director that meets either of the following criteria.
1) The action resulted in demotion, suspension or dismissal.
2) The action resulted in discrimination due to age, race, sex, color, national origin, religion, creed, political affiliation or disability.
3) Under the above circumstances, the Board of Health will provide the Health Director with an advisory opinion on the Employee Grievance.

L. General Provisions
1. These operating procedures, except for those matters required by the NC General Statutes, may be amended or repealed by the vote of eight members at a properly noticed regular meeting of the Board of Health or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting.
2. A vote to amend the operating procedures shall be preceded by a discussion and distribution to all members, in writing, of a copy of the proposed change at the preceding regular meeting.
3. Should any provision contained in these operating procedures in any way conflict with any applicable laws, or for any reason be held to be invalid, illegal, or unenforceable in any respect, such conflict, invalidity, illegality, or unenforceability shall not affect any other provision and these operating procedures shall be construed as if such conflicting, invalid, illegal, or unenforceable provisions had never been contained herein.
4. These operating procedures shall apply fully to any committee or sub-committee of the board.

III. POLICY HISTORY

A. Date Originally Approved
1. 02/28/2006

B. Effective Date
1. 02/28/2006

C. Dates of Review

1. 04/24/2007
2. 07/29/2008
3. 05/26/2009
4. 10/26/2010
5. 09/27/2011
6. 10/15/2012
7. 10/22/2013
8. 02/04/2014
9. 02/24/2015
10. _____
11. _____
12. _____

D. Dates of Revision

1. 04/24/2007
2. 05/26/2009
3. 10/26/2010
4. 09/27/2011
5. 02/04/2014

IV. APPROVAL

_____ _____

Board of Health Chairperson or Vice-Chairperson Date

_____ _____

Health Director/Secretary to the Board Date

Caswell County Public Health
Prevent. Promote. Protect.

CASWELL COUNTY HEALTH DEPARTMENT POLICY

I. PROCEDURE TITLE: Chain Of Authority In Absence Of Health Director

A. Background:
1. In the absence of the Health Director, there must always be someone who is available to make decisions until the Health Director can be contacted, returns or a new Health Director can be appointed by the Board of Health.
2. State law requires that the Health Director position be a "full time" job
   a. And endows the Health Director with specific legal authority.
   b. However, in the normal course of business it is not unusual for the Health Director to be out of the building, county, or even state for either public or private purposes.
   c. During the Health Director's absence, routine business must continue and matters must be dealt with in a timely fashion.
3. In the event of a major public health emergency the Health Director, or designee, must play an active role in the county's Emergency Operations Center.
4. If the appointed Health Director is unavailable for any reason, the Health Director's designee must take on this important role.
5. According to NCGS 130A-6, "Whenever authority is granted by this Chapter upon a public official, the authority may be delegated to another person authorized by the public official."

B. Target
1. CCHD Management Team
2. CCHD Staff
3. Board of Health

C. References
1. Board of Health Operating Procedures & Bylaws
2. NCGS 130A-6

II. PROCEDURE:

A. Contacting The Health Director When He/She Is Out Of The Office
1. The Health Director will make a reasonable attempt to make his/her general whereabouts known when out of the Health Department and how he/she may be reached.
2. The Health Director will notify staff if he/she knows that he/she will not be available.
3. The Health Director will make a reasonable attempt to be available most times by electronic means (e.g. cell phone, pager, etc.).
4. If possible, the Health Director will notify staff of an approximate date/time he/she will return.

B. Chain Of Authority In The Temporary Absence Or Unavailability Of The Health Director.
1. For routine decisions normally made by the Health Director that cannot wait until he/she becomes available, the person with the most senior position within the affected work unit will make decisions for their respective units.
   a. Personal Health

1) Physician Extender II
2) Public Health Nurse III
3) Public Health Nurse II with the most knowledge on the issue
4) Accounting Technician V, Social Worker II, Accounting Technician I, Processing Assistant IV or Office Assistant IV with the most knowledge of the subject.

b. Home Health
1) Public Health Nursing Supervisor I
2) Public Health Nurse III with the most knowledge on the issue
3) Social Worker II, Accounting Technician I, Processing Assistant IV or Office Assistant IV with the most knowledge of the subject.

c. Environmental Health
1) Environmental Health Supervisor I
2) Environmental Health Programs Coordinator
3) Environmental Health Specialist

d. Finance
1) Accounting Technician V
2) Accounting Technician I, Processing Assistant IV or Office Assistant IV with the most knowledge of the subject.

2. If the consequences of a decision impacts more than one work unit, the persons in charge of all affected work units will make a joint decision.
3. For major decisions or ones that impact the whole Health Department, the available members of the Management Team must meet and make the decision jointly.
4. It is expected that the person or group making the decision will consult with as many other knowledgeable staff (even in other departments) as is necessary to make the best decision under the circumstances.
5. It is also expected that the Health Director will be notified as soon as possible of any decisions that are made on his/her behalf.

C. Chain Of Authority If The Health Director Is Incapacitated, Is Not Present, Or Is Otherwise Unavailable During A Public Health Emergency.

1. The Chain of Authority outlined in Section B above works well during routine, short term absences of the Health Director in normal, every day circumstances.
   a. However, the Incident Command System requires that a single person, not a committee, be in charge during an emergency.
   b. This person is typically the Health Director.
2. At all times the Health Director will designate a qualified Health Department employee to temporarily take over his/her duties in his/her absence during a public health emergency or prolonged absence.
   a. This person will be made known to all staff and relevant governmental agencies,
   b. And will be trained in the general duties and responsibilities of the Health Director.
   c. Attachment A shows the order of succession for the agency's key leadership positions (including the Health Director).
3. If, for whatever reason, the Health Director is thought to be unable to resume his/her duties in a reasonable length of time, the Board of Health will appoint a new interim Health Director or permanent Health Director as is appropriate under the circumstances.

III. ATTACHMENTS

A. Attachment A: Key Leadership Order of Succession

IV. PROCEDURE HISTORY

A. Original Approval Date
   1. 03/16/2007

B. Effective Date
   1. 03/16/2007

C. Dates of Review
   1. 04/29/2011
   2. 08/17/2012
   3. 09/29/2013
   4. 03/25/2014
   5. 02/24/2015
   6. _____
   7. _____
   8. _____
   9. _____
   10. _____
   11. _____
   12. _____

D. Dates of Revision
   1. 07/09/2010
   2. 04/29/2011
   3. 02/24/2015

V. APPROVAL

_____ _____

Board of Health, Chairperson Date

_____ _____

Health Director, Secretary to the Board of Health Date

Appendix A

Caswell County Health Department Key Leadership Order Of Succession			
Key Position	**Current**	**Successor #1**	**Successor #2**
Health Director	Frederick Moore, MD	Jennifer Eastwood, MPH	Patty Smith-Overman, FNP
Physician Extender II (Clinic Director)	Patty Smith-Overman, FNP	Denise Wilkins, RN	Carol Dodson, RN
Home Health Nursing Supervisor I	Cheryl Huskey, RN	Casey Moore, RN	April McKinney, RN
Environmental Health Supervisor I	Donnie Powell, REHS	Will Shields, REHS	Matt Maness, REHS
Accounting Technician V (Finance Officer)	Sharon Hendricks	Betty Hodges	Stephana Wood
Public Health Nurse III (Communicable Disease)	Denise Wilkins, RN	Pam Powell, RN	Susan Cox, RN
Health Educator I (Public Health Preparedness Coordinator)	Marcy Williams, MPH		

Updated: January 23,2015

CASWELL COUNTY HEALTH DEPARTMENT POLICY

I. POLICY TITLE: Observing Public Health and Related Laws and Regulations

A. Policy
   1. The workforce and Board of Health of Caswell County Health Department consults and follows federal, state, and local laws and regulations.
   2. And, follows the most current recommendations of regulatory and advisory bodies in the delivery of essential and mandated public health services.

B. Policy Type
   1. ☑ Board of Health
   2. ☐ Administrative

C. Purpose
   1. The purpose of this policy is to provide CCHD workforce and Board of Health with laws, regulations and guidelines applicable to public health practices

D. Target
   1. This policy targets the workforce and the Board of Health of CCHD
   2. This policy protects all clients of CCHD

E. References
   1. Authority of Regulatory and Accrediting Bodies Policy

II. DEFINITIONS

A. CDC—Centers for Disease Control and Prevention—An agency of the United States government. The CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States. The Internet home page for the CDC is http://www.cdc.gov.

B. DHHS—North Carolina Department of Health and Human Services—A department of State government that is charged with "protecting health, fostering self-reliance and protecting the vulnerable." http://www.dhhs.state.nc.us/

C. Essential public health services—"Essential public health services" means those services that the State shall ensure because they are essential to promoting and contributing to the highest level of health possible for the citizens of NC.

D. Mandated public health services—The public health services that the State requires a local public health department to implement.

E. FR—Federal Register—The official daily publication for rules, proposed rules, and notices of Federal agencies and organizations, as well as executive orders and other presidential documents. The Internet search page for the CFR is located at http://www.gpoaccess.gov/fr/.

F. USCFR—United States Code of Federal Regulations—The codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government. It is divided into 50 titles that represent broad areas subject to Federal regulation. Each volume of the CFR is updated once each calendar year and is issued on a quarterly basis. The Internet search page for the FR is located at http://www.gpoaccess.gov/cfr/index.html.

G. NCAC—North Carolina Administrative Code—A compilation of the administrative rules of approximately 26 state agencies and 50+ occupational licensing boards. Compilation

and publication of the NCAC is mandated by G.S. 150B21.18. NCAC is located on the web at http://ncrules.state.nc.us/ncadministrativ_/default.htm.

H. NCGS—North Carolina General Statutes —the laws of the state. Public health laws are located in the publication, Public Health and Related Laws of North Carolina, NCDHHS, Division of Public Health, 2002; and on the web at http://www.ncleg.net/statutes/statutes.asp.

I. Ordinance—Ordinances are local rules adopted by the Board of County Commissioners. They cover animal control, subdivisions, cable TV, noise, land use, manufactured homes, solid waste, erosion control and many other issues.

J. Regulating and advisory agencies—Agencies that are created by a governing body to recommend best practices for Public Health or are charged with interpreting and enforcing Public Health law. (Examples: NC Department of Health and Human Services, Centers for Disease Control and Prevention)

K. Workforce—The agency staff. Employees, (including contract personnel), volunteers, trainees, students, and other persons whose actions, in the performance of work for CCHD are under direct control of CCHD, whether or not they are paid by the CCHD.

III. PROCEDURES

A. Responsibilities

1. Department supervisors must develop procedures and/or task outlines to assure effective and efficient service delivery within the scope of the most current public health laws and regulations.
2. The workforce must follow laws, established guidelines, and consistent procedure in order to assure that the public receives fair, efficient, and effective services.
3. The workforce must consult legal counsel such as the Buncombe County attorney, the NC Attorney General or the University of North Carolina School of Government Institute of Government whenever legal assistance is indicated to interpret laws and rules.

B. CCHD relies on the Caswell County Health Department Board of Health to set public health policy and rules and to guide decision making related to public health practice, as required by NCGS 130-A, Article 2.

C. CCHD observes applicable laws and regulations when dispersing and utilizing funds that support public health programs (NCGS 159, NCGS 130A, Article 1; 10A NCAC 45A, 10A NCAC 46; NC Session Law 2001-424) (NC Division of Medical Assistance eligibility manuals) (ICD-9 / CPT / HCPCS Manual)

D. CCHD Administration follows the requirements of applicable laws, and licensing and certifying bodies for the process of hiring, training, and ensuring the credentials and competence of the public health workforce. (Examples: NCGS 90, NCGS 90A, NCGS 126, NCGS 130A; 25 NCAC Chapter 01, 21 NCAC)

E. CCHD takes the appropriate steps to ensure that confidential information is protected and public information is available when requested. (Examples of documents that address confidentiality and public record are 45 CFR Parts 160 and 164, the HIPAA Privacy Rule; NCGS 130A, NCGS 122C, NCGS 132 various chapters of 10A NCAC) (NC Health Information Management Legal Reference Manual)

F. CCHD takes steps to ensure that services are available to everyone regardless of race, color, national origin, sex, religion, age or disability. (Federal Civil Right Act of 1964 and Title VI of the Civil Rights Act of 1964) (Title II of the Americans with Disabilities Act)

G. CCHD takes steps to ensure the safety and well being of the workforce. (Occupational Safety and Health Act, 29 CFR Part 1910) (13 NCAC 7A &7F) North Carolina

Occupational Safety and Health Standards for General Industry, February 1, 2001

H. The workforce utilizes the appropriate laws, rules and manuals and other applicable publications in providing essential public health services as outlined in 10A NCAC.

IV. ATTACHMENTS

A. Resources for Caswell County Health Department Workforce

V. POLICY HISTORY

A. Date Originally Approved
   1. 02/04/2014

B. Effective Date
   1. 02/04/2014

C. Dates of Review
   1. 02/24/2015
   2. _____
   3. _____
   4. _____
   5. _____
   6. _____
   7. _____
   8. _____

D. Dates of Revision
   1.

VI. APPROVAL

_____ _____

Board of Health, Chairperson Date

_____ _____

Health Director, Secretary to Board of Health Date

Resources for the Caswell County Health Department Workforce

The list of statutes, rules, resources and manuals here is not a complete listing of all available information and regulations.

I. HEALTH SUPPORT

A. Assessment of health status, health needs, and environmental risks to health; (NCGS 130A-1.1)
   1. Caswell County Community Health Assessment Report 2011
   2. State of the County Health Report 2012 and updates

B. Patient and community education;
   1. Guidelines & Resource Materials for SIDS Grief Counselors, NC Department of Environmental Health &
   2. Natural Resources; Jan 1994.

C. Public health laboratory support for essential public health services ;(NCGS 130A-88 through 89; 10A NCAC 42) (42CFR Part 493, Fed. Reg. Vol. 68 and Vol. 16, January 2003) (Federal Clinical Laboratory Improvement Amendment (CLIA) of 1988) Laboratory Procedure Manual, Federal government)

D. Registration of vital events; (NCGS 130A, Article 4; 10ANCAC 41H)

II. ENVIRONMENTAL HEALTH

A. Environmental Health (NCGS 130A ; 15A NCAC Subchapter15A)
B. Rules Governing The Sanitation Of Restaurants And Other Food Handling Establishments 15a NCAC 18a .2600
C. Rules Governing The Sanitation Of Bed And Breakfast Homes 15A NCAC 18A .2200
D. Rules Governing The Sanitation Of Summer Camps 15A NCAC 18A .1000
E. Rules Governing The Sanitation Of Lodging Establishments 15A NCAC 18A .1800
F. Rules Governing The Sanitation Of Meat Markets 15A NCAC 18A .2700
G. Rules Governing The Sanitation Of Hospitals, Nursing Homes, Rest Homes, And Other Institutions 15A NCAC 18A .1300
H. Rules Governing The Sanitation Of Child Care Centers 15A NCAC 18A .2800
I. Rules Governing The Sanitation Of Residential Care Facilities 15A NCAC 18A .1600
J. Rules Governing The Sanitation Of Public, Private And Religious Schools 15A NCAC 18A .2400
K. Rules Governing The Sanitation Of Local Confinement Facilities 15A NCAC 18A .1500
L. Rules Governing The Sanitation Of Adult Day Service Facilities 15A NCAC 18A .3300
M. Rules Governing Public Swimming Pools 15A NCAC 18A .2500
N. Rules Governing Tattooing
O. Rules Governing The Sanitation and Protection Of Water Supplies 15A NCAC 18A .1700
P. Laws And Rules For Sewage Treatment, And Disposal Systems ,
Q. Munsell Soil Color Charts, 1990
R. Lodging and institutional sanitation; (NCGS 130A, Article 8)
S. On-site domestic sewage and wastewater disposal; (NCGS 130A, Article 9)
T. Water and food sanitation and safety:
U. Private water supply sanitation;
V. Milk sanitation; (NCGS 130A-274 through 279)
W. Shellfish sanitation;
X. Public swimming pool sanitation; (NCGS 130A-280 through 282)
Y. Food sanitation; (NCGS 130A-235 through 259
Z. Mosquito Control (NCGS 130A, Article 12)

III. PERSONAL HEALTH: (NCGS 90-171.20(7))

A. Public Health Nurse Manual, NCDHHS, 1999
B. NC Breast and Cervical Cancer Program Policy and Procedure Manual, NCDHHS
C. Pharmacy Laws of NC, NC Board of Pharmacy/August 2002 (21NCA C 46) (CFR 21 Chapter 11 Part 1300)
D. Medicaid Manuals, NCDHHS, Division of Medical Assistance
E. BCHC P&Pform- Revised 11/2002-1000.56_ADM P&P_Observing Public Health and Related Laws and RegulationsOriginal_011604doc.doc
F. Child health: (NCGS 130A, Article 5, Article 18; 10A NCAC 43D (WIC), 10A NCAC 43E) (Section 17 (a),
    1. Public Law 95-627, Child Nutrition Amendment of 1978.)
    2. NC WIC Program Manual, DHHS, 2004
    3. Breastfeeding Promotion of Support Guidelines for Healthy Full Term Infants, NCDHHS, 1995
    4. Problem Oriented Health Record Child Health Training Book; Division of Public Health Dec. 2000
    5. Child Care Sanitation: Facilities Practice and Procedure, NC Department of Environment and Natural Resources; May 2002
    6. Child Care Handbook Division of Child Development; Jan. 2003
    7. Program Regulations for Head Start & Early Head Start Manual
    8. Lead poisoning prevention; (NCGS 130A-131.7 through 131.9) NC Childhood
    9. Lead Screening and Follow-up Manual, NC Department of Environment and Natural Resources
    10. Well-child care Child Health Program Manual, 1986
    11. Genetic services (10A NCAC 43H)
    12. Services to the developmentally-disabled child (10A NCAC 43G)
    13. Child care coordination; N.C. CSC Program Manual, DHHS, 2002; N.C. Infant-Toddler Program Manual, MH/DD/SAS 1996
    14. Adolescent health services
        a. School health services; School Health Program Manual, 1999
        b. Chronic Disease Control: (NCGS 130A, Article 7;)
        c. Early detection and referral;
        d. Patient education;
        e. Chronic disease monitoring and treatment;
G. Communicable Disease Control: NCGS 130A, Article 6; 10A NCAC 41A)
    1. Control of Communicable Diseases Manual, American Public Health Association, 2000
    2. NC Communicable Disease Manual, NCDHHS, 1987
    3. Tuberculosis control (10A NCAC 41A & 41E; NC TB Policy Manual, NCDHHS, 1999)
    4. Immunization; (NCGS 130A-152 through 158; 10A NCAC 41A)
        a. Manual for the Surveillance of Vaccine Preventable Diseases, DHHS, 2003
        b. Epidemiology and Prevention of Vaccine Preventable Diseases, CDC, 2002
        c. Health Information for International Travel, CDC, 2003
    5. Epidemiological investigation, surveillance and general communicable disease control; (NCGS 130A-134 through 138)
    6. HIV/STD control; Sexually Transmitted Diseases Treatment Guidelines, CDC, 2002

7. Rabies control; (NCGS 130A-184 through 201; 10A NCAC 41G)

H. Dental Public Health: (NCGS 130A-366 through 367; 10A NCAC 40A, 40B, 40C) (Title 21 of the US Social Security Act)
   1. NC Health Choice Manual, NC DHHS, Division of Medical Assistance)
      a. Dental health education;
      b. Fluoride prophylaxis;
      c. Sealant utilization;
      d. Dental screening and referral;

I. Family Planning: NCGS 130A, Article 5; 10A NCAC 43A & 43D; 42CFR Part 59
   1. Program Guidelines for Project Grants for Family Planning Services, USDHHS, January 2001 (Title X Manual)
   2. Women's Health Resource Manual, NC DHHS, May 2001
      a. Preconception counseling;
      b. Contraceptive care;
      c. Fertility services;
      d. Health Promotion and Risk Reduction:
      e. Lifestyle behavior modification;
      f. Injury control (10A NCAC 41B)
      g. Nutrition counseling; (NCGS 130A -361; 10A NCAC 43D)
      h. Bright Futures In Practice: Nutrition, USDHHS, 2002

J. Maternal Health Services: (NCGS 130A, Article 5; 10A NCAC 43B, 43C, 43D)(1986 SOBRA)
   1. Women's Health Resource Manual, NCDHHS, May 2001
   2. NC WIC Program Manual, DHHS, 2004)
      a. Prenatal and postpartum care;
      b. Maternity care coordination.
   3. Baby Love, A Technical Manual for Maternity Care Coordination, DHHS, Division of Medical Assistance 5/99;
   4. Baby Love Maternal Outreach Worker Service Manual, 5/95)
   5. Maternal Outreach Worker Field Manual DHHS, DMA and Office of Rural Health;
   6. Maternal Outreach Worker Supervisor's Training Manual, DHHS, DMA and Office of Rural Health 1/95)

IV. PUBLIC HEALTH EMERGENCIES:

A. Terrorist event (NCGS 130A-475 through 479; 10A NCAC 41A)

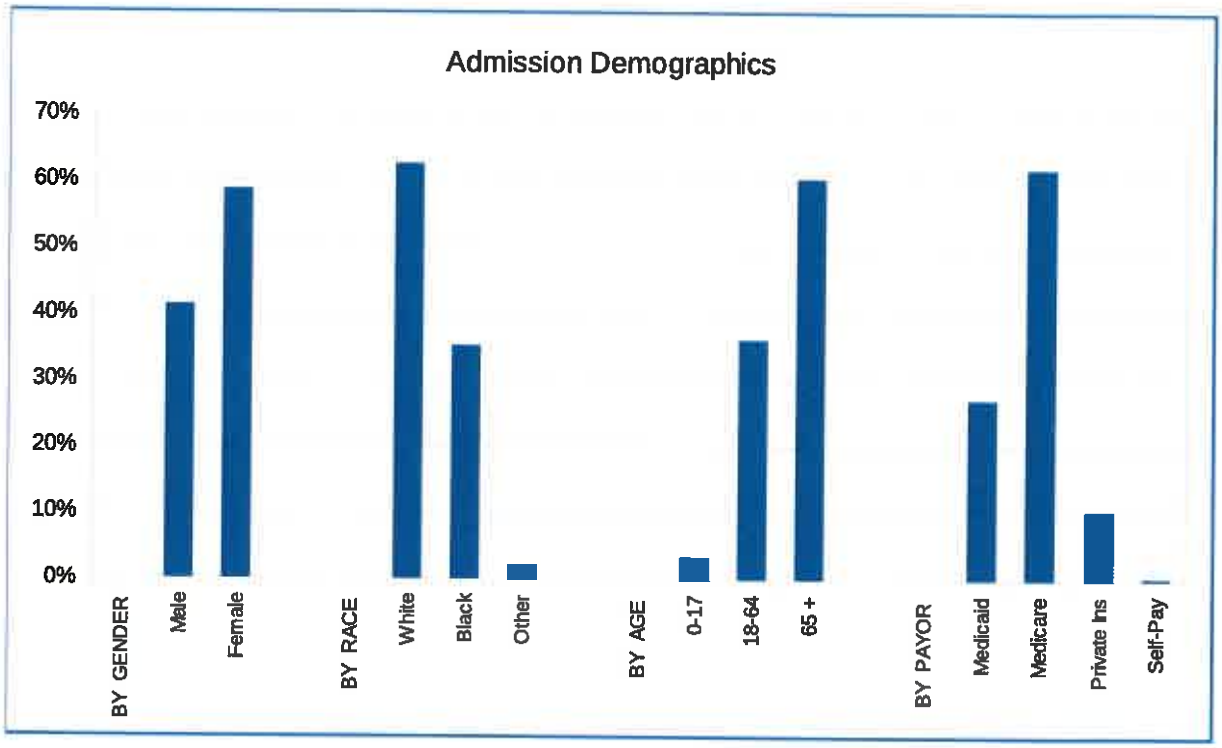
B. Caswell County Emergency Operations Plan, BC Office of Emergency Preparedness

V. HOME HEALTH SERVICES

A. 42 CFR PART 484

B. North Carolina Medicaid Community Alternatives Program for Adults (CAP/DA) Manual; Community Care Section

C. Accreditation Commission for Home Care Accreditation Standards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40%
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BY GENDER
Male
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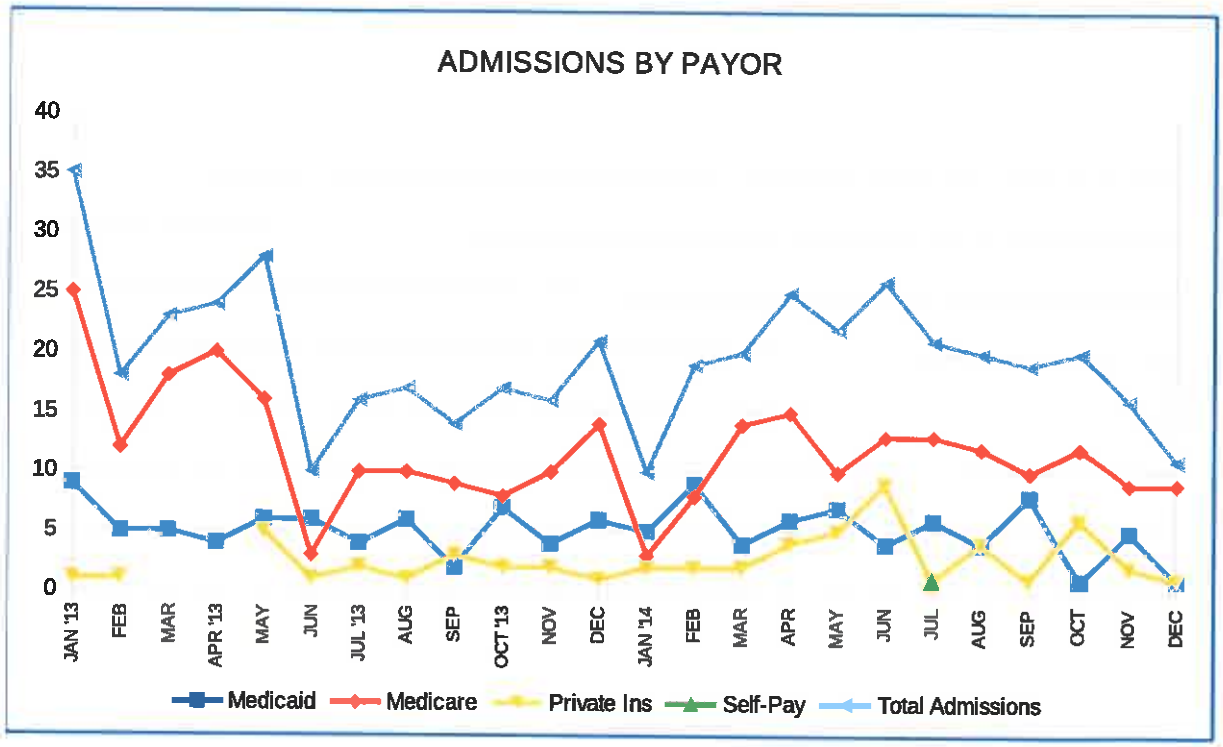
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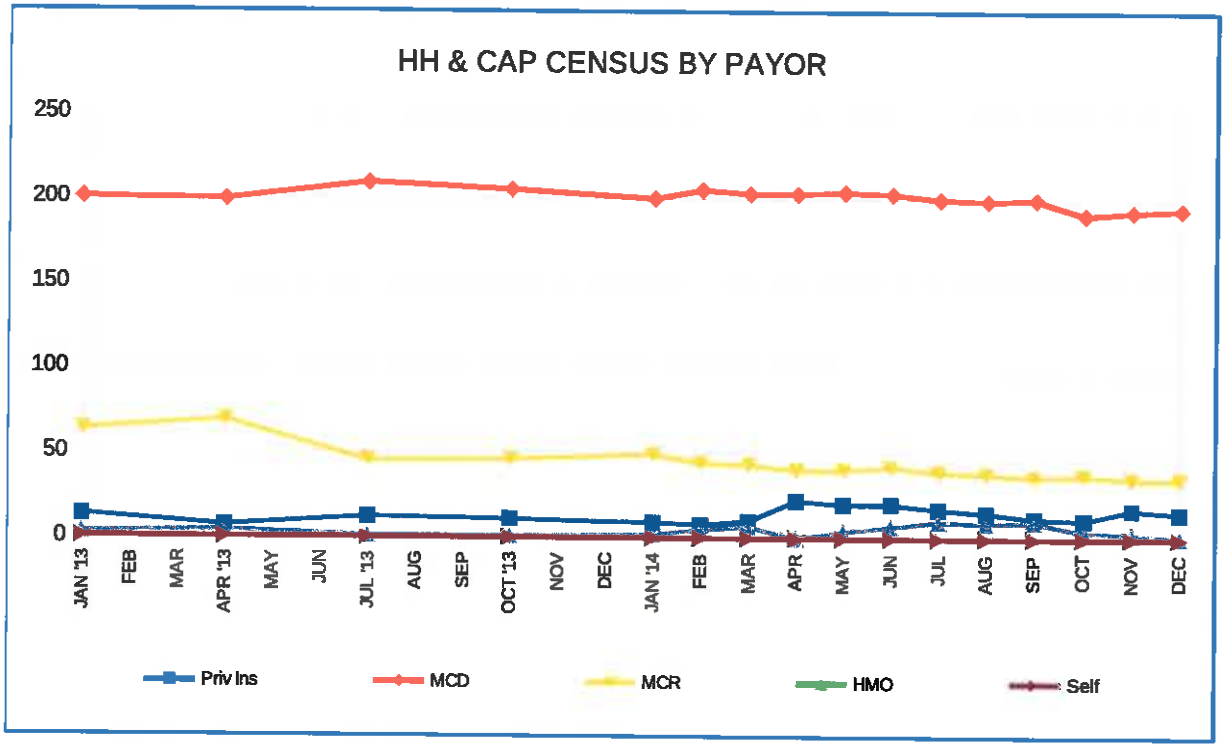
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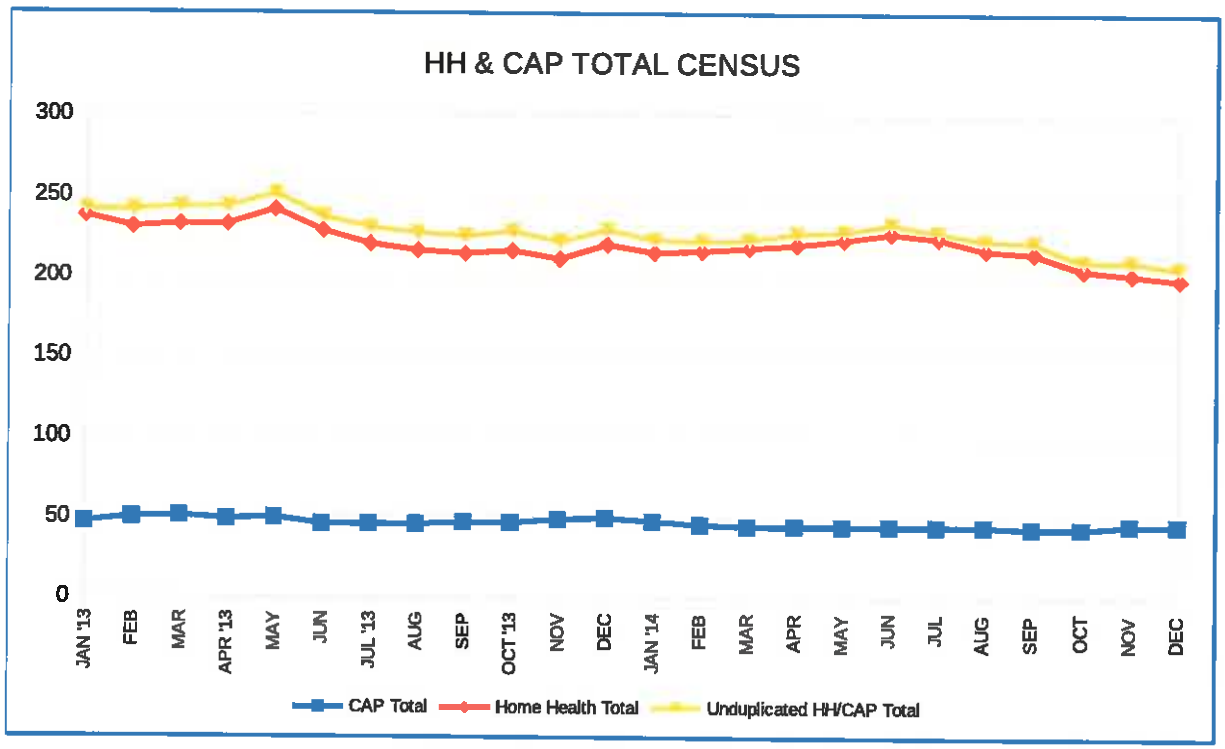
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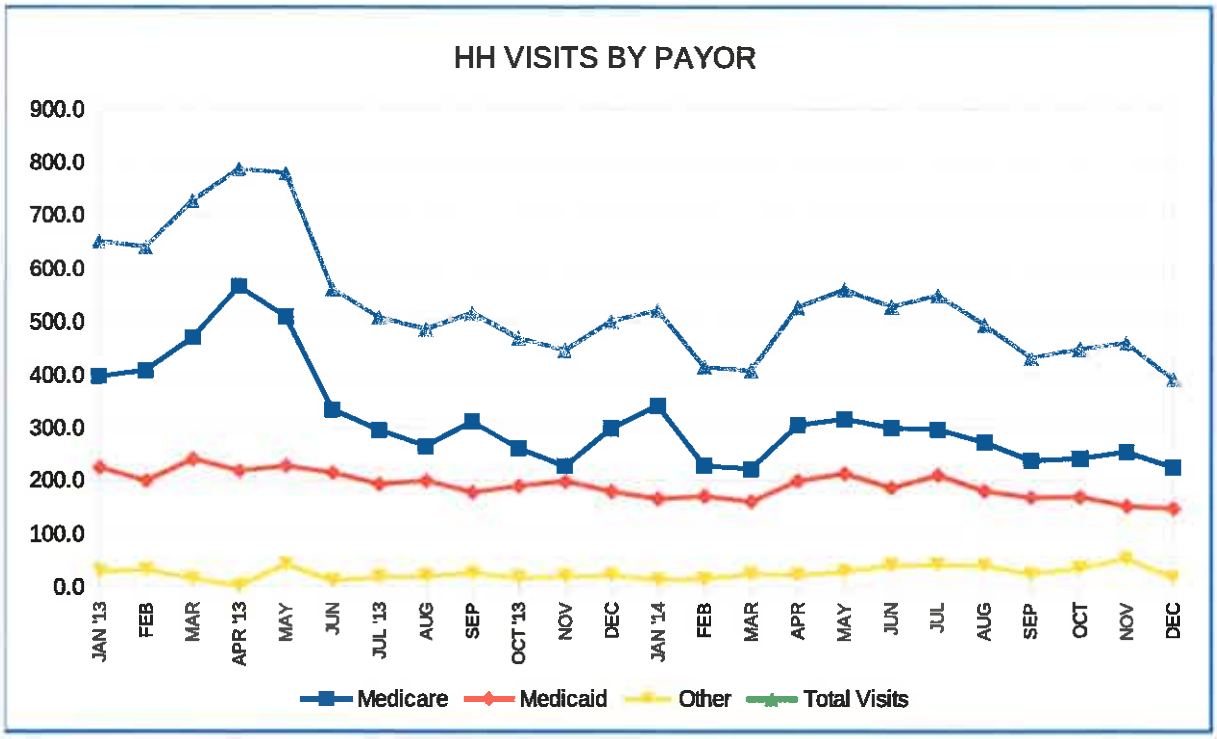
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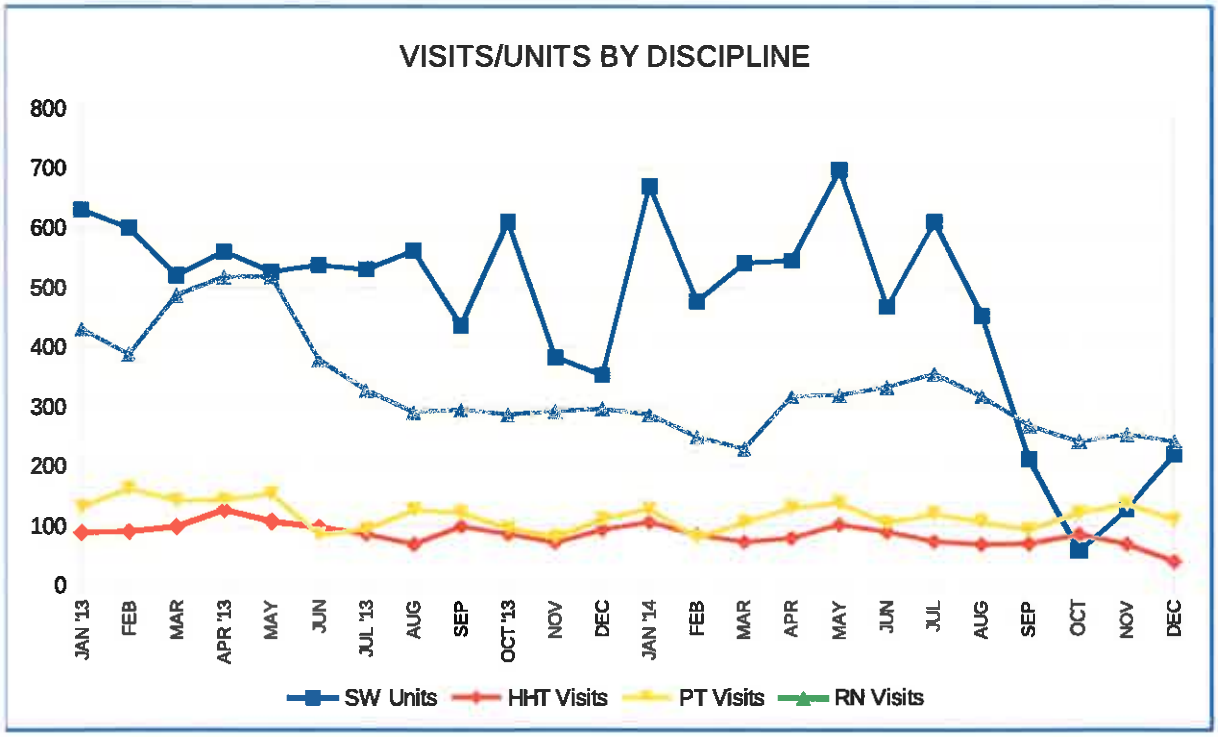
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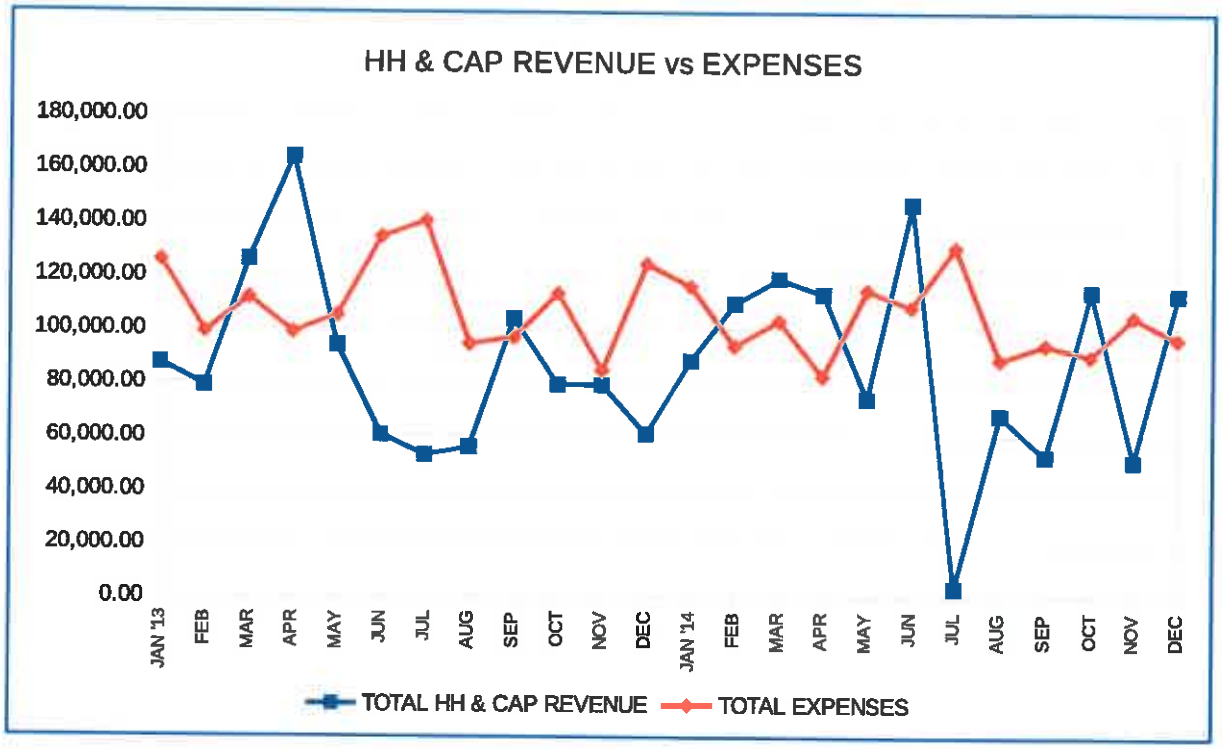
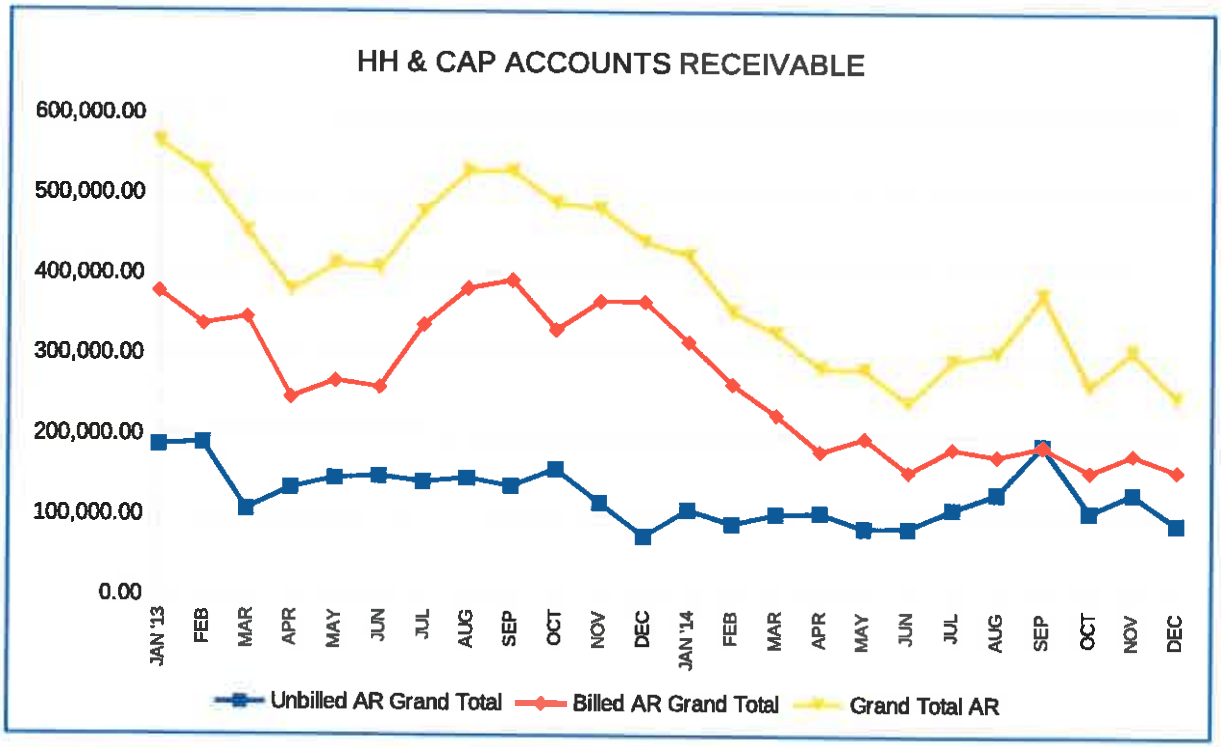
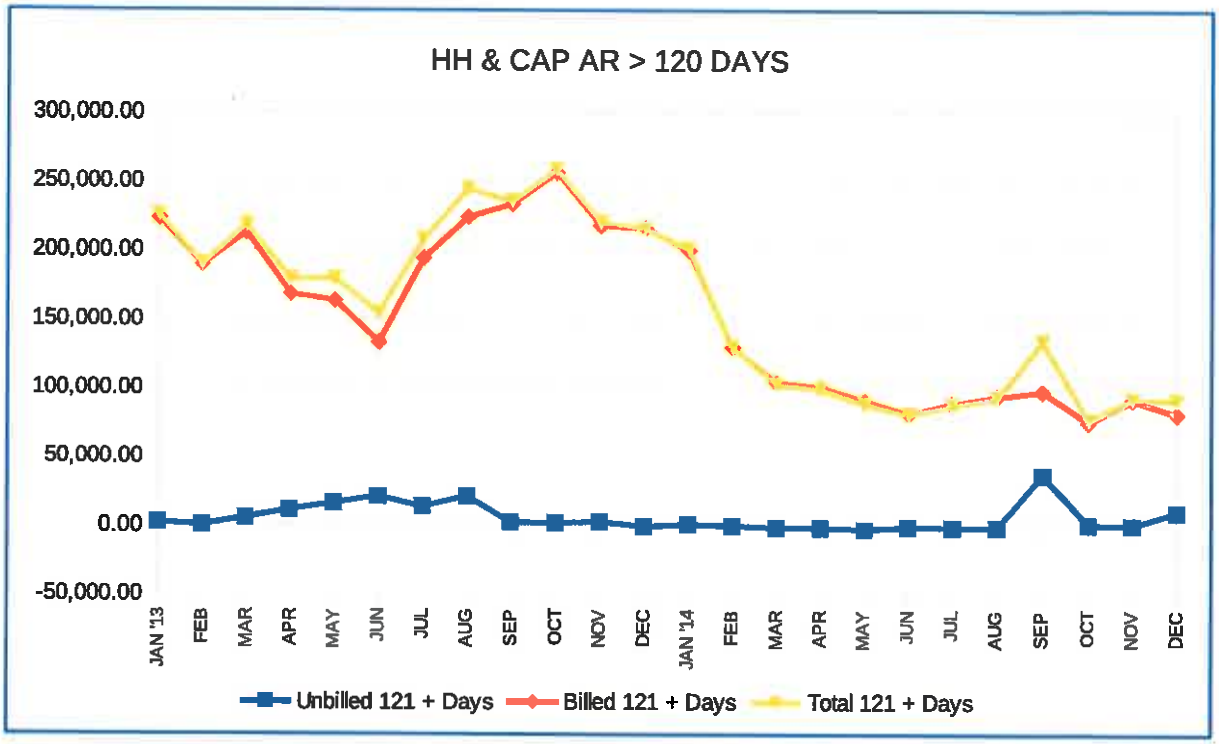
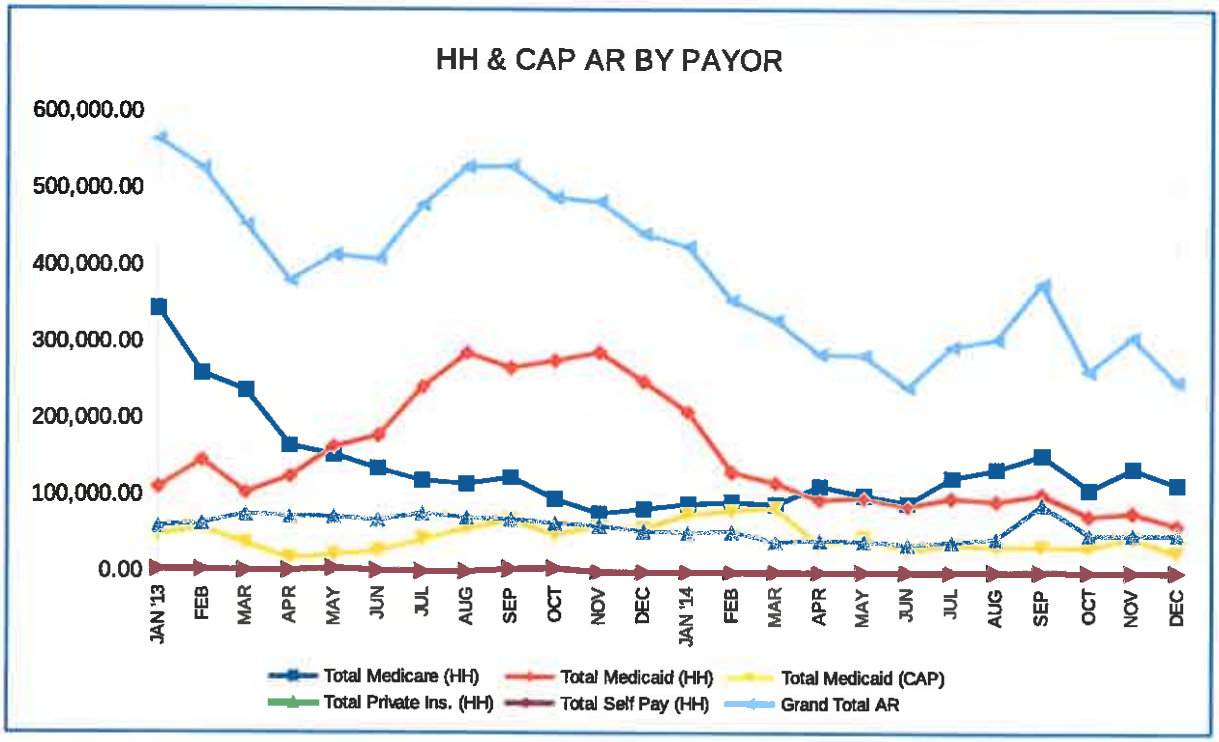
RN Visits


HH & CAP REVENUE vs EXPENSES
180,000.00
160,000.00
140,000.00
120,000.00
100,000.00
80,000.00
60,000.00
40,000.00
20,000.00
0.00
JAN '13
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
TOTAL HH & CAP REVENUE
TOTAL EXPENSES


HH & CAP ACCOUNTS RECEIVABLE
600,000.00
500,000.00
400,000.00
300,000.00
200,000.00
100,000.00
0.00
JAN '13
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
Unbilled AR Grand Total
Billed AR Grand Total
Grand Total AR


HH & CAP AR > 120 DAYS
300,000.00
250,000.00
200,000.00
150,000.00
100,000.00
50,000.00
0.00
-50,000.00
JAN '13
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
Unbilled 121 + Days
Billed 121 + Days
Total 121 + Days


HH & CAP AR BY PAYOR
600,000.00
500,000.00
400,000.00
300,000.00
200,000.00
100,000.00
0.00
JAN '13
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
Total Medicare (HH)
Total Medicaid (HH)
Total Medicaid (CAP)
Total Private Ins. (HH)
Total Self Pay (HH)
Grand Total AR

		New Constr Auth & Op Permit (Type I & II)	New Constr Auth & Op Permit (Type III)	New Constr Auth & Op Permit (Type IV)	New Constr Auth & Op Permit (Type V)	Insp of Existing OSWW Treat Sys (Type I & II Addition)	Insp of Existing OSWW Treat Sys (Type I & II Change Out)	Insp of Existing OSWW Treat Sys (5 yr Type IIIb Insp)	Insp of Existing OSWW Treat Sys (3 yr Type IV Insp)	Insp of Existing OSWW Treat Sys (Ann Type V Insp)	Restaurant Plan Review	Tattoo Artist Permit Annual Fee	Temporary Food Stand	Impr Permit / Site Eval (<600 gpd & <4 bedrooms)	Impr Permit / Site Eval for each additional bedroom >3	Impr Permit / Site Eval (>600 & <3000 gpd)	Impr Permit / Site Eval (>3000 gpd)	Bad Check	Exp or Repair of OSWW Treat Sys (<600 gpd)	Exp or Repair of OSWW Treat Sys (>600 & <3000 gpd)	Exp or Repair of OSWW Treat Sys (>3000 gpd)
		$150	$200	$400	$800	$50	$100	$100	$100	$200	$200	$150	$75	$150	$75	$250	$400	$25	$50	$200	$800
7 – JUL	#	3				5	3				2			7					1		
	$	450	0	0	0	250	300	0	0	0	400	0	0	1,050	0	0	0	0	50	0	0
8 – AUG	#	2				2								8	1				1		
	$	300	0	0	0	100	0	0	0	0	0	0	0	1,200	75	0	0	0	50	0	0
9 – SEP	#	1	1			4	5							6					4		
	$	150	200	0	0	200	500	0	0	0	0	0	0	900	0	0	0	0	200	0	0
10 – OCT	#	1	2			4	2						1	5	3				2		
	$	150	400	0	0	200	200	0	0	0	0	0	75	750	225	0	0	0	100	0	0
11 – NOV	#	5				2								5	1				1		
	$	750	0	0	0	100	0	0	0	0	0	0	0	750	75	0	0	0	50	0	0
12 – DEC	#		1			2	2							3	2				1		
	$	0	200	0	0	100	200	0	0	0	0	0	0	450	150	0	0	0	50	0	0
1 – JAN	#																				
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2 – FEB	#																				
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3 – MAR	#																				
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4 – APR	#																				
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 – MAY	#																				
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6 – JUN	#																				
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	#	**12**	**4**	**0**	**0**	**19**	**12**	**0**	**0**	**0**	**2**	**0**	**1**	**34**	**7**	**0**	**0**	**0**	**10**	**0**	**0**
	$	**$1,800**	**$800**	**$0**	**$0**	**$950**	**$1,200**	**$0**	**$0**	**$0**	**$400**	**$0**	**$75**	**$5,100**	**$525**	**$0**	**$0**	**$0**	**$500**	**$0**	**$0**

		Swimming Pool Annual Permit	Swimming Pool Plan Review	Well Camera Evaluation	Well Permit	Well Repair Permit	Bacteria Water Sample	Chemical Water Sample	Nitrate/Nitrite Sample	Pesticides Water Sample	Petroleum Water Sample	Five Test Water Sample Package	$5 Credit For Previous Payment (See comments)	$10 Credit For Previous Payment (See comments)	$25 Credit For Previous Payment (See comments)	$50 Credit For Previous Payment (See comments)	$100 Credit For Previous Payment (See comments)	TOTAL
		$100	$200	$200	$300	$200	$50	$50	$50	$50	$50	$170	-$5	-$10	-$25	-$50	-$100	
7 – JUL	#			1	9	3	1	1			1							
	$	0	0	200	2,700	600	50	50	0	0	50	0	0	0	0	0	0	$6,150
8 – AUG	#			1	3	1	1		1			1					2	
	$	0	0	200	900	200	50	0	50	0	0	170	0	0	0	0	-200	$3,095
9 – SEP	#				1													
	$	0	0	0	300	0	0	0	0	0	0	0	0	0	0	0	0	$2,450
10 – OCT	#			1	8	2	1											
	$	0	0	200	2,400	400	50	0	0	0	0	0	0	0	0	0	0	$5,150
11 – NOV	#				4													
	$	0	0	0	1,200	0	0	0	0	0	0	0	0	0	0	0	0	$2,925
12 – DEC	#			1	1	1	2	2										
	$	0	0	200	300	200	100	100	0	0	0	0	0	0	0	0	0	$2,050
1 – JAN	#																	
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0
2 – FEB	#																	
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0
3 – MAR	#																	
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0
4 – APR	#																	
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0
5 – MAY	#																	
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0
6 – JUN	#																	
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0
TOTAL	#	0	0	4	26	7	5	3	1	0	1	1	0	0	0	0	2	
	$	$0	$0	$800	$7,800	$1,400	$250	$150	$50	$0	$50	$170	$0	$0	$0	$0	-$200	$21,820

ENVIRONMENTAL HEALTH MONTHLY STATISTICAL REPORT
DECEMBER 2014

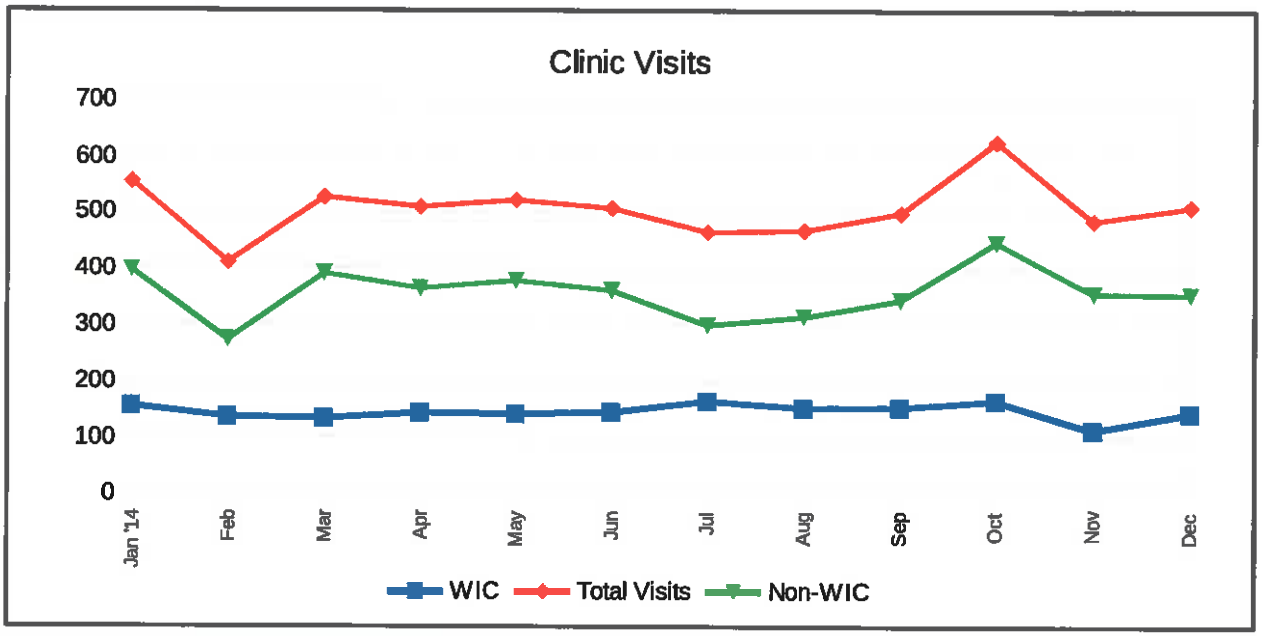
ACTIVITY DESCRIPTION	#	COMMENTS
FOOD, LODGING, AND INSTITUTIONAL		
Field Visits	33	
Inspections	30	
Permits Issued-New or Revised Business		
Permits Suspended/Revoked-Business Closed		
Food Service Plan Review	1	
Consultation Contact	21	
Complaints	1	
ON SITE WASTE WATER PROGRAM		
Field Visits	41	
Soil/Site Evaluations	4	1 Pit evaluations
Improvement Permits	2	
Construction Authorizations	3	
Operation Permits	3	
Denials		
Failing System Evaluations	2	
IP, CA, & OP Permits-Repairs	2	
Existing System Inspections/Authorizations	10	
OSWW Violations Notices		
Consultation Contacts	54	
Migrant Housing Inspections		
Pending Applications-Not Addressed	1	
Complaints		
WATER SAMPLES		
Field Visits	7	
Bacteria Samples	4	
Chemical Samples	4	
Petroleum Samples		
Pesticide Samples		
Nitrate/Nitrite Samples	3	
Consultation Contacts	14	
Migrant Housing Inspections		
WELL PERMITS		
Well Site Field Visits	5	
Number of Permits (New)	3	
Number of Permits(Repair)	2	
Grout Inspections	2	
Well Head Inspections	2	
Well Abandonment Inspections	1	
Bore Hole Camera Inspections	2	
Consultation Contacts	15	
Complaints		
SWIMMING POOLS		
Permits/Inspections		
OTHER		
Clerical Time (hours)	30	BETS, NCLEAD
Phone Contacts (Documented)	103	
Digitizing/Scanning (hours)	10	
Continuing Education (Days)	2	

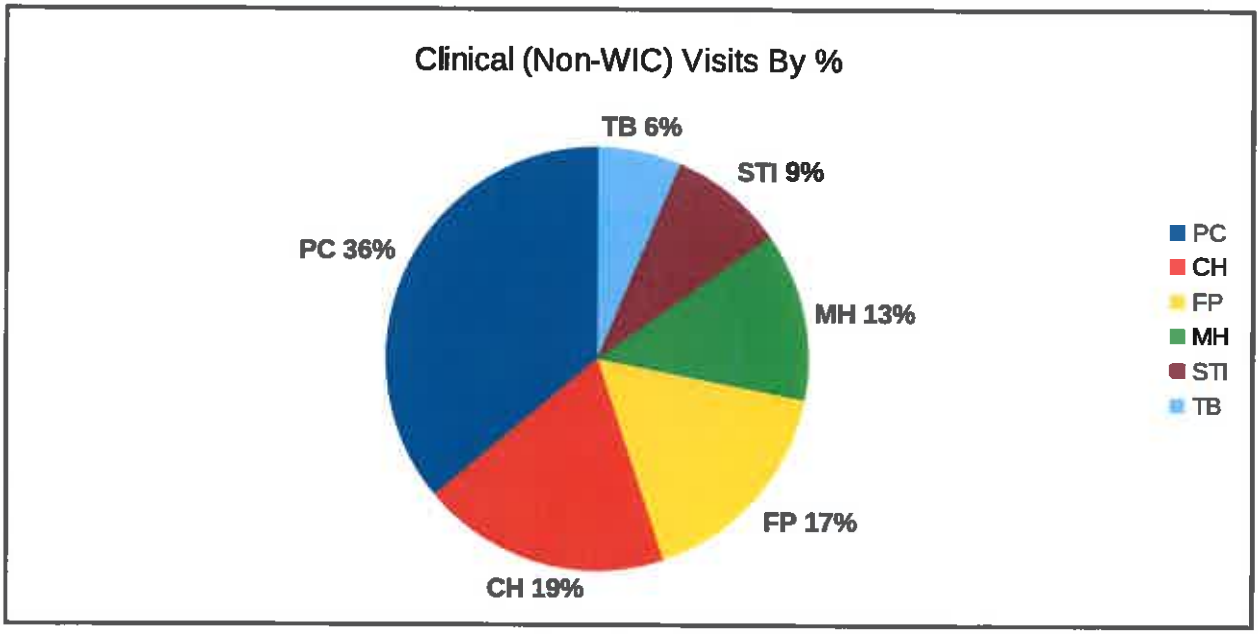
ENVIRONMENTAL HEALTH MONTHLY STATISTICAL REPORT
NOVEMBER 2014

ACTIVITY DESCRIPTION	#	COMMENTS
FOOD, LODGING, AND INSTITUTIONAL		
Field Visits	13	
Inspections	6	
Permits Issued-New or Revised Business		
Permits Suspended/Revoked-Business Closed		
Food Service Plan Review	1	
Consultation Contact	17	
Complaints	1	
ON SITE WASTE WATER PROGRAM		
Field Visits	26	
Soil/Site Evaluations	8	2 Pit evaluations
Improvement Permits	5	
Construction Authorizations	5	
Operation Permits	3	
Denials		
Failing System Evaluations	2	
IP, CA, & OP Permits-Repairs	2	
Existing System Inspections/Authorizations	5	
OSWW Violations Notices		
Consultation Contacts	42	
Migrant Housing Inspections		
Pending Applications-Not Addressed	2	
Complaints		
WATER SAMPLES		
Field Visits	14	
Bacteria Samples	5	
Chemical Samples	5	
Petroleum Samples		
Pesticide Samples		
Nitrate/Nitrite Samples	4	
Consultation Contacts	11	
Migrant Housing Inspections		
WELL PERMITS		
Well Site Field Visits	5	
Number of Permits (New)	3	
Number of Permits(Repair)	2	
Grout Inspections	3	
Well Head Inspections	3	
Well Abandonment Inspections	1	
Bore Hole Camera Inspections	3	
Consultation Contacts	18	
Complaints		
SWIMMING POOLS		
Permits/Inspections		
OTHER		
Clerical Time (hours)	45	BETS, NCLEAD
Phone Contacts (Documented)	131	
Digitizing/Scanning (hours)	22	
Continuing Education (Days)	5	

Caswell County Health Dept Clinic Counts By Program And Month

Area	Jan '14	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	%
PC	154	95	162	152	171	136	122	123	146	211	168	169	3888	24%
CH	81	43	63	42	43	43	46	65	76	96	72	65	2055	13%
FP	60	37	47	61	55	66	45	44	45	55	56	61	1813	11%
MH	51	40	41	48	35	43	47	38	30	19	29	25	1388	9%
STI	26	30	30	26	32	26	24	18	22	42	16	29	947	6%
TB	11	18	27	24	16	36	13	22	20	24	16	6	691	4%
WIC	156	137	134	144	142	145	165	153	154	166	114	144	5041	31%
Unknown	15	11	22	12	27	12	3	5	6	12	14	11	313	2%
Total Visits	554	411	526	509	521	507	465	468	499	625	485	510	16,136	
Non-WIC	398	274	392	365	379	362	300	315	345	447	357	355	10782	





Caswell County Health Department Clinic Counts By Zip Code And Month

Area	Zip	Jan '14	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	%
Madison	27025									1				1	0.01%
Alamance	27201	1												2	0.01%
Blanch	27212	32	21	24	28	22	23	30	25	20	43	28	42	886	5.07%
Brown Summit	27214	2						1	3			2	2	13	0.07%
Burlington	27215			1	2	2	1					1	1	45	0.26%
Anderson	27217	23	23	20	20	21	12	15	12	9	19	16	8	644	3.68%
Cedar Falls	27230							1						3	0.02%
Cedar Grove	27231											3		5	0.03%
Elon	27244	6	8	13	13	10	15	17	6	5	16	10	3	443	2.53%
Gibsonville	27249	19	5	21	15	16	9	11	13	12	13	9	7	436	2.49%
Graham	27253	2		1	2	2	1		1	2		1		23	0.13%
Haw River	27258				1			1	1					4	0.02%
Eden	27288		2										1	6	0.03%
Leasburg	27291	24	14	14	20	12	8	11	15	16	14	12	7	582	3.33%
Lexington	27292				1									1	0.01%
McLeansville	27301		1											5	0.03%
Mebane	27302	13	7	8	15	11	11	9	11	16	11	8	10	354	2.02%
Milton	27305	40	27	41	35	43	37	37	32	34	39	37	37	1309	7.48%
Pelham	27311	72	70	66	67	86	83	56	93	81	78	101	94	2617	14.96%
Pittsboro	27312	1			1									6	0.03%
Prospect Hill	27314	7	7	7	4	4	5	3	7	6	7	1	3	204	1.17%
Providence	27315	51	29	40	31	46	36	34	35	43	38	31	36	1301	7.44%
Randleman	27317								1					4	0.02%
Reidsville	27320	29	24	35	27	31	26	29	34	39	31	17	31	1020	5.83%
Reidsville	27323								1					1	0.01%
Ruffin	27326	27	21	20	22	22	16	15	18	18	25	16	30	747	4.27%
Sanford	27330						1							1	0.01%
Semora	27343	6	7	2	3	6	10	7	12	11	12	8	9	273	1.56%
Snow Camp	27349											1		6	0.03%
Thomasville	27360				1									1	0.01%
Trinity	27370					1								1	0.01%
Troy	27371							1						1	0.01%
Wallburg	27373												1	1	0.01%
Welcome	27374		1			2								5	0.03%
Whitsett	27377							1			4			7	0.04%
Yanceyville	27379	182	131	199	194	166	181	168	140	178	254	181	176	6044	34.56%
Greensboro	27403	1												11	0.06%
Greensboro	27405								1			1		7	0.04%
Greensboro	27406				1		1	1			1			7	0.04%
Greensboro	27407	1												11	0.06%
Greensboro	27410	1							1					2	0.01%
Greensboro	27455				1			1						7	0.04%
Chapel Hill	27514	1									1			3	0.02%
Chapel Hill	27516		1											1	0.01%
Hurdle Mills	27541			1				1						2	0.01%
Roxboro	27573						1		1		1	1		21	0.12%
Roxboro	27574	1			2	2		1	2	1	2		1	23	0.13%
Smithfield	27577							1						1	0.01%
Timberlake	27583												1	1	0.01%
Wake Forest	27588										1			1	0.01%
Raleigh	27616		1		2									3	0.02%
Durham	27707									1				1	0.01%
Shawboro	27973												1	1	0.01%
Out Of State	*****	5	8	7	2	9	6	7	3	4	8	5	5	242	1.38%
	Unknown	7	6	4		7	23	7	1		8	4	6	102	0.58%
	Total	554	414	524	510	521	506	466	469	497	626	494	512	17,489	100.00%

94% Of Visits Come From The 12 Caswell County Zip Codes That Are Highlighted Above

FULL TIME PHYSICAL THERAPIST AT HEALTH DEPARTMENT

Mr. Miller stated "Commissioners I know this has my name beside of this but I believe Dr. Moore has put together a narrative for speaking about the need for a full time physical therapist in Caswell so I am going to let Dr. Moore present this."

Dr. Fred Moore stated "Good evening. This narrative I believe is included in your packet, I would like to hit just a few of the highlights and then try to answer any questions that you might have. At its December 18th meeting after a couple hours discussion the Caswell County Board of Health voted unanimously to request that the Board of County Commissioners approve the addition of a full time Physical Therapist Supervisor I position to the Health Department. This position will significantly enhance the ability of the Home Health Agency to provide Physical Therapy services to its clients and increase the agency's potential for growth and sustainability. It can be added to our budget without increasing the bottom line and the revenue that is anticipated from this position will pay for the cost of the position. Physical therapy is a very important part of the Home Health services that we provide and we have been providing those by using contract physical therapists for several years now. We had a full time physical therapist on staff probably five or six years ago I am not sure exactly but somewhere back there and when that person left we were unable to find a physical therapist to replace them and so we entered into the contract physical therapy arrangement which is a lot more expensive way to provide the service but since physical therapy is such an important part of Home Health it didn't really feel like we had an option but to do that. Over the last six months to a year the contract physical therapist that we had been using had been gradually been decreasing her hours of availability. As her hours decreased we starting having to turn away referral for physical therapy service because we did not have enough staff to see those folks. We had been talking about the possibility of getting another contract with another physical therapy staffing agency to increase the amount of services we could provide but then we had a temporary opportunity to hire somebody full time as an employee that did not pan out and so what we are looking for is the permission to go ahead and start recruiting for a full time on staff physical therapist. I am not going to read through all of this because it is all there in front of you but physical therapists just by a way of comparison the cost of a full time physical therapist is somewhere around $140,000 a year. You can hire a full time physical therapist at the upper range of what a physical therapist makes for $120,000 so that is a savings of $20,000. If you were to come in below that or hire someone for less than that than obviously that is more savings. There are all sorts of surveys out there as far as what physical therapist make and I am not sure which one to believe or which particular websites has an ax to grind or whatever but if you look at the Bureau of Labor statistics, the federal Bureau of Labor statistics hopefully they don't have too many ulterior motives or whatever and their range for a physical therapist in North Carolina is $59,000 to $104,000 with a median of $78,000 which means half of the physical therapist make less than that $78,000 and half make more than the $78,000. There were some of these others that had higher ranges but like I said I am not sure exactly what all their motives were as far as coming up with their numbers but they do surveys and when you look at them all together they are in that range. On the county's pay scale when we employed the physical therapist supervisor I position that was a county grade 34 at that time and that grade has a range of a $47,000 hiring rate to a $77,000 maximum rate. When you look at the budgetary factors as far as what the budget will work and as far as what the earning are I think that our budget and their earnings would support up to $100,000. That number seems high to a lot of people but all I am saying is it will support that but with the county's pay grade maxing out at $77,000 our maximum is right at the middle or lower than the median put out by the federal Bureau of Labor statistics. In trying to figure out exactly how much a physical therapist earns in order to see if we can afford this most of the revenue from the physical therapy is from Medicare and Medicare for the last 14 or 15 years has bundled their services so if you provide supplies, if you provide nursing services, if you provide physical therapy services, they just kind of lump them all together and it is very difficult to tease out exactly how much one service is earning however if you have a physical therapist who is seeing someone you can typically bring in anywhere from 1 ½ to 3 times what a straight nursing 60 day period would bring in and so physical therapy number one is a very important service to provide but number two it brings in a good amount of revenue. We went back and we counted how many physical therapy admissions we turned away over the last six months and we came up with 17 and if you do some rough math somewhere that makes about in that six month period we left somewhere between $60 and $70,000 on the table. In summary this is a much needed position and a needed service for the county and I think the funds are there in the budget and in the revenues it would bring in. After the Board of Health discussed this they voted to approve this request and so I will turn it over to you all to ask questions or to discuss."

Commissioner Carter asked "Dr. Moore the one question I had is why is this coming up in the middle of the budget year?" Dr. Moore responded "Because we did not know that we were going to be losing our physical therapist that we had and this is an opportunity to make things right. We have a contract physical therapist now so we can continue doing what we are doing but we are paying significantly more for the service. If we can find and that this a big if, if we can find a physical therapist who is interested in working for us I think we can provide a more efficient cost effective sort of service but we can continue on with the contract as we are now."

Commissioner Jefferies stated "Mr. Chairman I would like to ask a few questions from Dr. Moore. Dr. Moore you have a good program for physical therapy, I don't want to see this program dropped. I don't think an older person should go to a rest home just because we don't have a physical therapist. However if you are planning to hire somebody at grade 34 I read it the past minutes is this your salary, grade 34? That is $99,999 per year." Dr. Moore responded "Grade 34, the salary maxes out at $77,000 for a grade 34. The $99,000 is what I said I thought the budget would support. From the previous discussion the range of what physical therapist make goes up above $100,000 and so what I was saying is that I think we could afford up to that $100,000 but that does not mean that is what we are asking for. I know that Bayada Nursing in Caswell County has been trying to recruit a physical therapist for some time now without any success and I know that a physical therapist who works at the Brian Center is making over $100,000 and so I used that to say that is how much I think we can afford but the County's actual current pay maximum for salaries is $77,000." Commissioner Jefferies continued "Have you looked at going to some of these universities that people are graduating from? I know you have to have the expertise to bill Medicaid and Medicare and insurance because if you don't write it up right you don't get paid I know that because my daughter is in this in Richmond and I know quite a bit about home health and home health nursing but have you thought about going to some of these universities to the people just coming out of college and looking at the home health. It is a good program and I don't want to lose it I will tell you that now." Dr. Moore responded "Most of, from some of these surveys people coming straight out of physical therapy school because there is such a shortage are making straight out of school in the $40 an hour range which is a little bit less than the $100,000 but it is not cheap. The physical therapy is a supply and demand situation and the supply is down and the demand is high and physical therapists make a good living. We can try recruiting there but until we start we don't know what we are going to find but from talking to several people who have been involved in this sort of process we will feel lucky if we find somebody for much less than that $70 – $80,000." Commissioner Jefferies stated "I want to say to this Board that Caswell County needs a physical therapist. I don't want to see old people having to go to a rest home or something because of a lack of a physical therapist. I certainly will support this 100% but at the same time Dr. Moore I think this should be a first priority I think we should look at some of these places where they are coming out of school so we can hire somebody." Dr. Moore responded "We can certainly try to do that and so if the Board approves this position to be established then we will start recruiting everywhere we can to try to find somebody."

Chairman Travis asked "What kind of salary are you going to put out there in the advertisement that you are going to pay?" Dr. Moore responded "I think that is up to this Board to tell me." Chairman Travis continued "We have talked about from seventy some up to one hundred thousand." Dr. Moore responded "Well I think if the Board tells me to stay within the range then I will start advertising at the upper end of that range." Chairman Travis stated "If the range for the county is seventy some thousand that is what we need to advertise for I think." Dr. Moore responded "I spoke with a person from the State Human Resources office and explained the situation to the gentleman and he that if, and that is a big if, if the Board so desired they could raise that maximum and they would not have to raise the salaries of anybody else, they would just have to raise the maximum on that particular grade. That would enable us to try to recruit somebody at a higher salary. I think what we have here is a) we need to establish, you all need to decide whether you all will allow me to establish this position and decide whether we are going to stay within the range or not. If you are going to tell me to start at the starting part of that range rather than the higher part of that range we are talking very few people or very few physical therapists are making that kind of money. According to one of these surveys the average physical therapy salary in the southeastern United States is $82,000 and approximately 85% of physical therapists in the southeastern United States are making above $65,000 so you are talking about the vast majority are and these are people who have been in physical therapy for many years and for those that re straight out of school. Starting below $65,000 I think the chances are pretty slim that we are going to be able to attract anybody. I think if we go in at the maximum of the range which is right around $77,000 that is the median salary so I think we will have a reasonable chance. I think we would have a better than reasonable chance if we increase it but I understand."

Commissioner Williamson asked "The contract physical therapist that you have now is that with an individual or is that with a group?" Dr. Moore responded "It is with a staffing agency." Commissioner Williamson continued "It is with a staffing agency?" Dr. Moore responded "Yes, Supplemental Health. They provide physical therapist as well as assistants, people who provide those services." Commissioner Williamson asked "So you could get a physical therapist and then is it the same one coming out every time for you or is it different ones coming?" Dr. Moore responded "When you deal with a staffing agency and I think this is what you are implying, you sort of take what they send you. We have somebody who is coming out at this point that is providing us with 2 days a week and once this person gets settled, she just got started actually today was her first day, we had called some other services prior but once she gets established and the system starts to build up this service has said that they have another physical therapist that come out for another two days if we need them. I think if we are going to be dealing with a staffing agency I think the chances are better that we will be dealing with multiple people and people coming and going." Commissioner Williamson continued "Okay but have you tried to work with a physical therapist group that provides that service not an individual? This is them sending you an individual out a staffing agency but have you tried a group that provides physical therapists to be able to come out and do this for you?" Dr. Moore responded "I am not sure I understand what you are saying I mean this staffing agency provides physical therapists." Commissioner Williamson stated "They provide you an individual but what I am speaking of is that if there is a group somewhere that provides you the service then you could provide them to the people to go out and do whatever is needed." Dr. Moore responded "I am not aware of a group that does that sort of thing." Commissioner Williamson continued "Okay, that is my answer then. You are not aware of this?" Dr. Moore responded "Right." Commissioner Williamson stated "Okay."

Commissioner Jefferies asked "Mr. Chairman I would like to ask Commissioner Hall since he is on this board, did this board discussed the salary range when you met for the Health Board meeting?" Commissioner Hall responded "Oh yeah, we discussed it quite at length. We had an emergency called meeting and discussed the whole issue after the last Board meeting. One of the things that the board whole heartedly agreed upon was that we did not want to lose the service but there was some differences of opinion on the rate of pay and maybe even some other things so the service we want to keep. So what the board asked Dr. Moore to do was to get the questions answered to various members then to get back this narrative to respond to those questions before this Board meeting so that we would be a little more prepared. There was another variable that kind of took care of itself in terms of the timing of what Dr. Moore was originally working with. As he has stated he now has been able to get a contract therapist in place so we are still working on how to structure this and get someone in as he mentioned to you the key is the salary that this Board will approve in establishing the position." Commissioner Jefferies continued "So what you are saying is you think this Board should set the salary for the Health Board?" Commissioner Hall responded "I am not saying that."

Chairman Travis stated "The Health Board should be the one to set it and bring the recommendation back to this Board." Commissioner Jefferies responded "That is what I think but he does not have one. He said they did not come up with one. Is that right?" Commissioner Hall responded "That is right." Commissioner Jefferies continued "That is what I thought. I mean and don't get me wrong Home Health is needed in this county. You know we have people who work at Home Health that live in this county we don't need to cut them out of a job either however we need to come up with a standard and say this is what this board needs to do. I would make a motion myself to give Dr. Moore up to $75,000 to start the salary for anybody that he hires and let him go with that so he can look for somebody. He might not get anybody but he has to start."

Commissioner Jefferies moved, seconded by Commissioner Carter to hire a full time physical therapist with a salary of up to $75,000.

Commissioner Owen asked "Dr. Moore did I understand you right, we are not going to lose the service we will just pay a contractor highly for that service correct?" Dr. Moore responded "Right and other than just the money things there are some other less tangible benefits to having a staff physical therapist as far as supervision and other sorts of things but as Mr. Hall said the money issue is sort of a lot of this discussion."

Commissioner Williamson asked "Could you kind of go into detail about that not having the control or management of a contract versus one that is on staff?" Dr. Moore responded "Well number one the time that we had a physical therapist to right now we have two days a week and sometimes there is a little flexibility and we may be able to expand that more as time goes on but when you have a full time staff member you have them 40 hours a week and if someone with a hip

replacement or whatever gets discharged on Friday and needs physical therapy on a Saturday we can comp time that person so the physical therapist could come in and do their stuff over the weekend and then take a little bit of time off the next day, I mean the next week. It would give us a broader coverage and more flexibility as far as providing that service. There are other requirements that a physical therapist is needed for as far as administrative type of requirements as far as supervising the physical therapy assistants, as far as being involved in the QI process the quality improvement process and so yes it might be a luxury but it is a nice luxury to have to do those things and the contract folks can provide some of those but it is always sort of a little bit awkward and a little bit weird to ask them to do some of this stuff as opposed to having a staff member. I think it becomes much more of a team effort when you have an employee there than it does if you are bringing somebody in who is only seeing folks when they need to and leaving because they are making the high dollar and we don't want them to be earning that high dollar when they are not absolutely needed." Commissioner Williamson continued "I have one other comment and the comment is why the Health Board did not you know make these decisions that we are trying to make tonight and that was that in the past we had said that these committees and boards needed to make decision and we needed to follow the decisions that they have made so in keeping with that we shouldn't be stepping over the boundaries that they have or that we were trying to set that was coming from our chairman that he had spoken against that. We need to allow them to make the decision or give us suggestions and we do the approval. Just a comment."

Chairman Travis stated "Well my opinion is I think it needs to go back to the Health Board, they make a decision on the salary and all and bring it back before this Board before we vote on it. I mean I have said this all the time if we are going to have boards we need to utilize the boards that we have and not go over their heads. It does not mean that we will go along with what they say but I think we need to get the recommendation from them before this Board makes a decision. That is just the way I feel about it and that is how I have always felt. I am not saying I am against it I am just saying I think that board needs to make that decision."

Commissioner Hamlett asked "Dr. Moore if a full time person comes on you will cut out the part time completely right?" Dr. Moore responded "Right we would no longer be using the contract folks. Mr. Miller might correct me here but I guess my understanding of the way the pay plan works is this Board has already approved a range of forty some thousand starting range up to the seventy-seven thousand so if this Board has already approved that range in the pay plan then the Board then needs to establish the position and let the pay plan work." Commissioner Williamson responded "You are right."

Upon a vote of the motion, the motion carried by a vote of four to three with Commissioners Hall, Travis and Williamson voting no.

Dr. Moore stated "Thank you."

Chairman Travis stated "I will say this anyway, I still disagree because we did not go by the recommendation of the board but the vote has been taken."

Does Public Health Have A Future?

Posted By Arthur Kellermann and Mark Kortepeter On December 10, 2014 @ 9:00 am In All Categories,Environmental Health,Prevention,Public Health | 2 Comments

Ebola's arrival in the U.S. hit Americans with a jolt. Regardless of how you feel about the response to date, it should remind everyone of the importance of public health.

Fortunately, public health in the U.S. has built an extraordinary track record of success. Smallpox, one of the most dreaded diseases in history, was eradicated worldwide. New vaccines have sharply cut the toll of deaths and disabilities from *H flu* meningitis, tetanus, pneumococcal sepsis and other deadly diseases.

Adding folate to foods dramatically reduced neural tube defects in newborns. Safer cars and better roadway designs cut fatal crashes per million vehicle miles traveled by 90 percent. Because smoking is far less popular than it once was, 8 million Americans have been spared early and agonizing deaths from cancer, heart disease, emphysema, and other smoking-related diseases.

From the earliest days of the republic, public health has played an important role in the military as well. George Washington ordered the inoculation of the Continental Army to prevent smallpox. Because preventing disease and non-battle injuries is a potent "force multiplier," the U.S. military has long been at the forefront of research on tropical medicine (particularly malaria and dengue), vaccine-preventable diseases, and biodefense. Today, military researchers are heavily engaged in developing better diagnostics and treatments for Ebola.

The collective impact of these efforts is staggering. Since 1900, Americans' life expectancy has increased by 30 years; 25 of them can be attributed to public health.

Unfortunately, public health has become a victim of its own success. Once the big diseases were conquered, Americans grew complacent. When the Great Recession hit, few rose in its defense. Between 2009 and 2011, local health departments were forced to eliminate 30,000 jobs, roughly 19 percent of their workforce. State health departments cut an additional 16,000 jobs.

Ironically, while public health budgets were getting clobbered, spending on health care services continued to grow. In 2009, at the depth of the recession, our nation spent almost $100 billion more on health care than it had the year before. Unfortunately, it did little to improve our health. The Institute of Medicine (IOM) recently noted that Americans "die sooner, and experience higher rates of disease and injury, than people in other high-income countries."

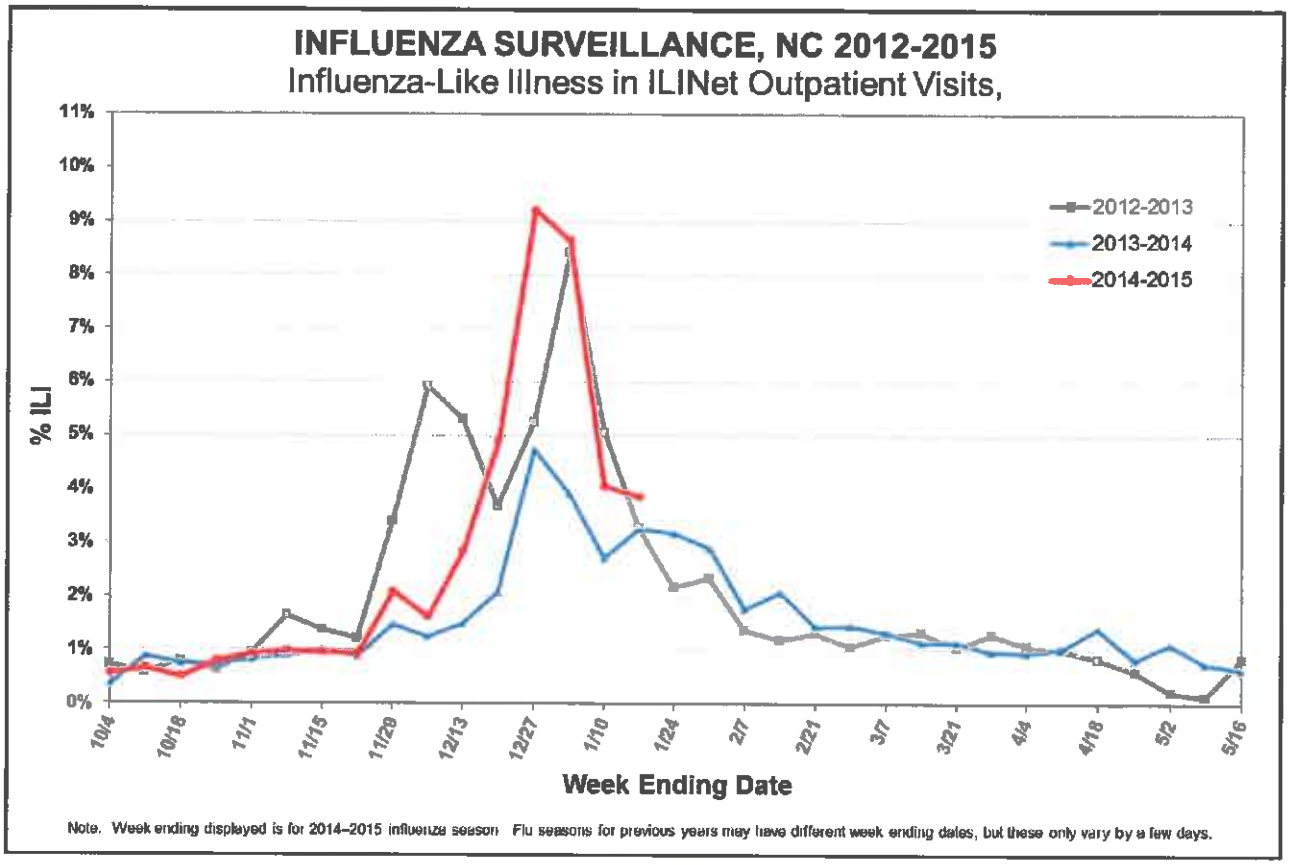
The science of public health has never been stronger, but science is useless if the public rejects it. Recently, *The Hollywood Reporter* noted that so many parents in wealthy communities like Malibu and Beverly Hills have opted out of vaccinating their children, that some Westside Los Angeles preschools have immunization rates "on par with Sudan." Low rates of immunization open the door for once-vanquished diseases to make a comeback. Already, measles cases in the U.S. are at a 20-year high. Emory's Walt Orenstein puts it this way: "Vaccines don't prevent disease; vaccination does."

In addition to old threats, new ones are emerging every day. Multi-drug resistant bacteria have grown so common that the Centers for Disease Control and Prevention (CDC) Director Tom Frieden warns of a rapidly approaching a "post-antibiotic era" when existing treatments won't work. Global warming is enabling dengue and other tropical diseases to spread northward. In an inter-connected world, a disease outbreak on any continent can circle the globe within days.

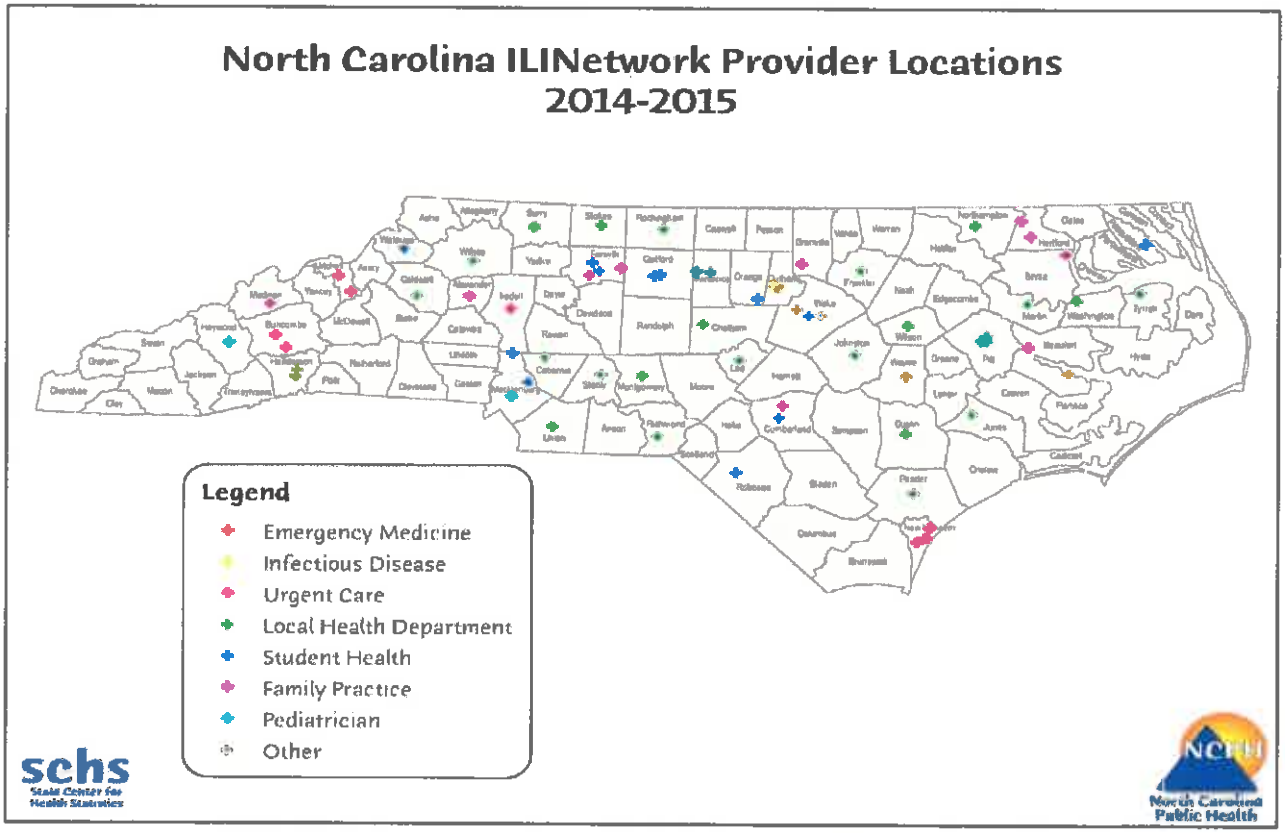
What must public health do to turn things around?

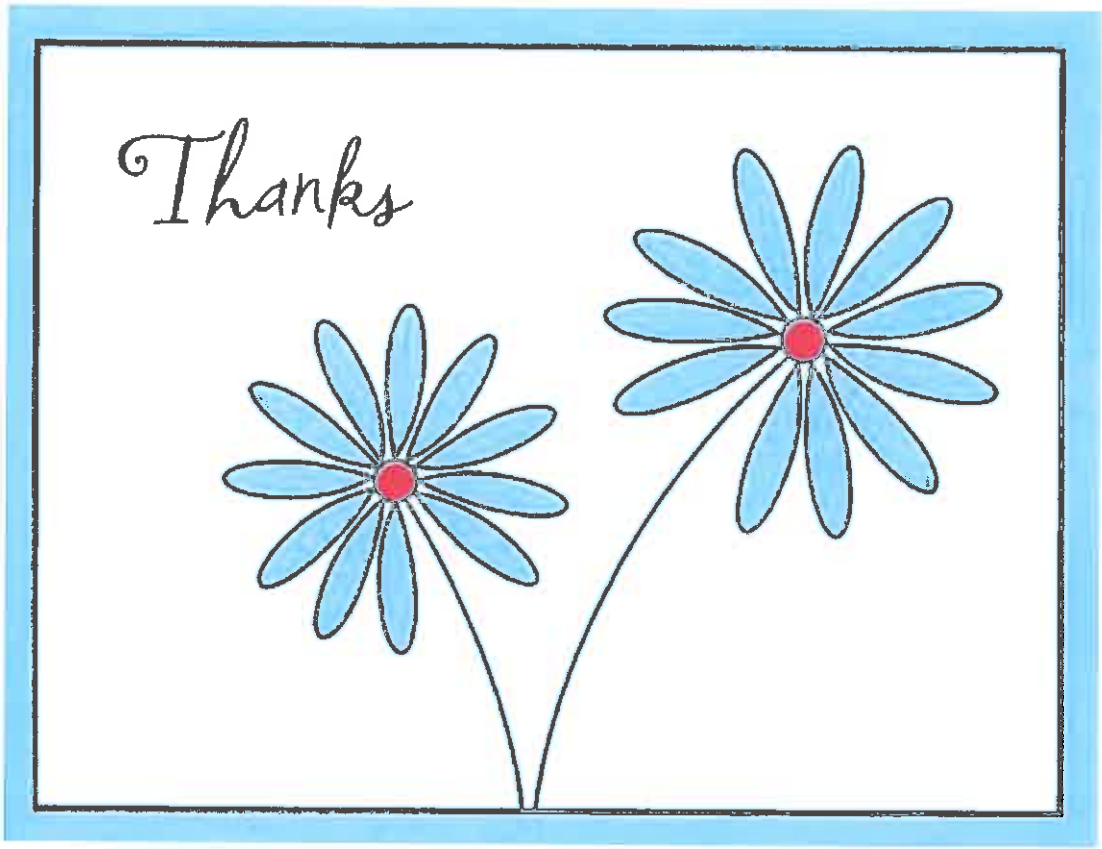
1. **Recruit fresh talent** – A generation ago, personal computers transformed the science of epidemiology. Today, smart phones are transforming behavioral science and health education. To develop new ways to reach an increasingly distracted public, public health should recruit faculty and students with a knack for marketing and the use of social media.
2. **Communicate, communicate, communicate** – It's not enough for public health leaders to be great scientists; they must also be great communicators. Training in media advocacy, crisis communications, and leadership are as important to prepare future public health professionals as coursework in biostatistics, epidemiology, and environmental health.
3. **Invest in social science** – The IOM has noted that although 70 percent of premature deaths have social or environmental causes, less than 5 percent of health spending is devoted to *preventing* these deaths through population health. To understand why people reject vital public health messages, federal research agencies should devote a larger share of their budgets to social and behavioral science.
4. **Work with allies** – Public health can't win this fight alone; it needs the support of health care systems and individual clinicians, community groups, employers and the faith community. Typically, the most effective public health campaigns involve broad coalitions that bring government agencies and non-governmental organizations together to achieve a shared goal.
5. **Have courage** – Public health is a contact sport. When it offends powerful economic or political interests, they often hit back. Luther Terry knew that he was risking his job by releasing the *Surgeon General's Report on Smoking and Health*. He didn't blink.

Can public health get its mojo back? You bet. If it does, America will be a stronger, healthier, and more prosperous nation, and the world will be a safer place.



For more information about comparable national data, visit .www.cdc.gov/ncidod/diseases/flu/weekly.htm. and in particular, click on the link "View Chart Data" below "Percentage of Visits for Influenza-like Illness Reported by the US Outpatient Influenza-like Illness Surveillance Network (ILINet)".





1-10-15

Board of Health members,

Thank you for the retirement gift card. I feel so blessed that I had the opportunity to work here for the past 32 years.

Best wishes to each of you, the Health Department and especially Home Health and CAP.

Yours truly,
Kare Cliff

ANNUAL JOINT EVALUATION
CASWELL COUNTY HEALTH DIRECTOR AND BOARD OF HEALTH

I. Health Director : Frederick E Moore, MD

	Strongly Disagree				*Strongly Agree*
The Health Director meets the requirements of NC GS 130A-40 – 41 and the current job description as it relates to his/her qualifications, powers and duties.	1	2	3	4	5

Areas/Tasks of strength : _____

_____

_____

_____

_____

Areas/Tasks needing improvement : _____

_____

_____

_____

_____

II. Caswell County Board of Health :

	Strongly Disagree				*Strongly Agree*
The Board of Health meets the requirements of NC GS 130A-35, as it relates to policy making, rule making, and adjudication.	1	2	3	4	5
The Board of Health knows and follows its mission statement.	1	2	3	4	5

Areas/Tasks of strength : _____

_____

_____

_____

_____

Areas/Tasks needing improvement : _____

_____

_____

_____

_____

III. The Board of Health, in cooperation with the Health Director, performs the three core functions of public health :

	Strongly Disagree				*Strongly Agree*
Assessment	1	2	3	4	5
Policy Development	1	2	3	4	5
Assurance	1	2	3	4	5

Areas/Tasks of strength : _____

_____

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_____

Areas/Tasks needing improvement : _____

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IV. Goal(s) for coming calendar year 2014 *(yyyy)* **:**

1) _____

_____

_____

2) _____

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3) _____

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V. Signatures

_____ _____

Chair of Board of Health *Date*

_____ _____

Health Director *Date*